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P.72 Special Report on Problem Families

ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

For the year 1952.

SEEN BY THE
MEDICAL OFF

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.
Medical Officer of Health.

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CITY OF SHEFFIELD.

HEALTH COMMITTEE

as at 31st December, 1952.

The Lord Mayor :
(Alderman Peter Buchanan, J.P.).

Chairman : Alderman W. E. Yorke, C.B.E., J.P.

Deputy-Chairman : Councillor J. S. Worrall.

Alderman E. S. Graham, LL.D., J.P.
,, L. F. Milner, O.B.E., J.P.
,, Mrs. G. Tebbutt, J.P.
,, H. Slack.
Councillor G. Armitage.
,, R. B. Ashmore.
,, G. T. Buttery.
,, W. Dawson, J.P.
,, R. Fisher.
,, H. S. Gent.

Councillor Mrs. A. Ives, J.P.
,, H. Lambert.
,, J. W. Mate.
,, J. Pate.
,, E. Scott.
,, J. Shaw.
,, Mrs. P. Sheard, B.A.
,, R. E. Staniland.
,, M. H. Taylor.

SUB-COMMITTEES.

General Sub-Committee.

Chairman : Alderman W. E. Yorke.

Alderman E. S. Graham.
Councillor G. T. Buttery.
,, W. Dawson.
,, H. S. Gent.
,, Mrs. A. Ives.

Councillor H. Lambert.
,, J. W. Mate.
,, Mrs. P. Sheard.
,, M. H. Taylor.
,, J. S. Worrall.

Maternal, Infant and Nursing Welfare Sub-Committee.

Chairman : Councillor Mrs. A. Ives.

Alderman Mrs. G. Tebbutt.
Councillor R. B. Ashmore.
,, G. T Buttery.
,, W. Dawson.
,, H. S. Gent.

Councillor J. W. Mate.
,, J. Shaw.
,, Mrs. P. Sheard.
,, R. E. Staniland.

Mental Health Sub-Committee.

Chairman : Councillor J. Shaw.

Councillor G. Armitage.
,, W. Dawson.
,, H. S. Gent.
,, Mrs. A. Ives.

Councillor H. Lambert.
,, J. Pate.
,, R. E. Staniland.
,, J. S. Worrall.

Disabled Persons Welfare Sub-Committee.

Chairman : Councillor E. Scott.

Alderman E. S. Graham.
,, H. Slack.
,, Mrs. G. Tebbutt.
Councillor R. B. Ashmore.
,, W. Dawson.

Councillor J. W. Mate.
,, J. Shaw.
,, R. E. Staniland.
,, M. H. Taylor.
,, J. S. Worrall.

Special, Staffing, etc., Sub-Committee.

Chairman : Alderman W. E. Yorke.

Alderman Mrs. G. Tebbutt.
,, H. Slack.
Councillor H. S. Gent.

Councillor Mrs. A. Ives.
,, M. H. Taylor.
,, J. S. Worrall.

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Blind Department and Royal Sheffield Institution.

Alderman E. S. Graham.
Councillor E. Scott.
Councillor J. S. Worrall.

General Council of the North Regional Association for the Blind.

Alderman H. Slack.
Councillor E. Scott.

General Council of the North Regional Association for the Deaf.

Councillor R. B. Ashmore.
Councillor E. Scott.

North Eastern Federation of Members of the Queen's Institute of District Nursing.

Councillor H. S. Gent.
,, Mrs. A. Ives.
Councillor J. S. Worrall.

Placement Committee of the Sheffield Association in Aid of the Adult Deaf and Dumb.

Councillor E. Scott.

Sheffield and District Convalescent and Hospital Services Council (Inc.).

Councillor R. B. Ashmore
,, Mrs. A. Ives.
Councillor J. S. Worrall.

Sheffield Standing Committee on Juvenile Delinquency.

Councillor J. Shaw.

Sheffield Voluntary Association for Mental Health.

Councillor J. Shaw.

MEMBERS OF LOCAL HEALTH AUTHORITY ON OTHER BODIES.

National Health Service Act, 1946 :—

Executive Council for the City of Sheffield.

Alderman C. W. Gascoigne.
,, H. Slack.
,, Mrs. G. Tebbutt.
Councillor W. Dawson.
Councillor R. Fisher.
,, H. S. Gent.
,, H. Lambert.
,, Mrs. P. Sheard.

Sheffield Regional Hospital Board.

Councillor J. S. Worrall.

Sheffield Hospital Management Committee No. 1.

Alderman A. E. Hobson.
Councillor H. S. Gent.
Councillor J. W. Mate.
,, Mrs. P. Sheard.

Sheffield Hospital Management Committee No. 2.

Councillor G. Armitage.
,, Mrs. A. Ives.
,, Mrs. O. H. Maples, M.B.E.
Councillor J. Pate.
,, J. Shaw.

Sheffield Hospital Management Committee No. 3.

Alderman E. S. Graham.
Councillor Mrs. L. E. Graham.
Councillor C. R. Ironmonger.
,, J. S. Worrall.

Sheffield Hospital Management Committee No. 4.

Alderman H. Slack.

PUBLIC HEALTH STAFF

AT 1st APRIL, 1953.

MEDICAL STAFF.

Medical Officer of Health :
LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health :
WILLIAM FIELDING, M.D., B.Sc., D.P.H.

Maternity and Child Welfare—

Senior Assistant M. and C. W. Medical Officer	ANN KIRK BLACK, M.B., Ch.B.
Assistant M. and C. W. Medical Officers -	CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H.
	ALICIA A. LUBICZ-SAWICKA, M.B., Ch.B. D.R.C.O.G.
	ZOFIA SZARNAGIEL, M.B., Ch.B.
	J. A. G.. WATSON, M.B., B.S.
	KAZIMIERA H. TLUSTY, M.D., D.C.H.
(Part-time)	J. BLYTH, M.D. (Edin.).
	R. D. DOWNIE, M.B., Ch.B.
	M. H. TURNER, M.B., Ch.B.
	BARBARA S. GORDON, M.B., Ch.B.
	PAMELA LAWS, M.R.C.S., L.R.C.P.
	MARJORIE H. E. FLOWERDAY, M.B., Ch.B.
	JOSEPHINE STONER, M.B., Ch.B.
	RAY GRAHAM, B.A., M.B., B.Ch., B.A.O., L.M.
	SHELAGH TYRRELL, M.B., Ch.B., D.C.H.
	JEAN A. PETTIGREW, M.R.C.S., L.R.C.P.
**Honorary Consultant Obstetrician* - -	W. J. CLANCY, M.B., B.Ch., B.A.O., M.R.C.O.G.
**Orthopædic Specialist (Honorary)* - -	E. G. HERZOG, M.B., B.S., M.R.C.S., L.R.C.P.
**Honorary Consultant in Pediatrics* - -	R. S. ILLINGWORTH, M.D., F.R.C.P., D.P.H., D.C.H. Professor in Child Health at Sheffield University.

Mental Health Service—

**Honorary Consultant-* - - - -	F. J. S. ESHER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M., F.B.Ps.S.
Consultant (Visiting) - - - -	DOROTHY JOHNSTON, M.B., Ch.B.

Prevention of Illness, Care and After-Care—

Senior Assistant Medical Officer - - -	JEAN B. PARKER, M.B., Ch.B.
**Consultant (Tuberculosis)* - - - -	H. MIDGLEY TURNER, M.D., M.R.C.P., D.P.H.

*Undertakes part-time duties in this Service in a consultant capacity.

City Analyst - - - - - -	H. CHILDS, B.Sc., F.R.I.C.
Senior Dental Surgeon - - - -	VACANCY

OTHER STAFF.

General Administration—

Chief Administrative Assistant - - - - - - -	W. MORRIS
Senior Administrative Assistant - - - - - - -	S. F. BURGIN
Senior Accountancy Assistant - - - - - - -	E. WALSHAW
Senior Statistical Assistant - - - - - - -	F. GARFITT
Senior Staff Assistant - - - - - - - -	L. DARLEY
Statistical Assistant - - - - - - - -	J. PREECE
Correspondence Clerk and M.O.H.'s Secretary - - - - -	Miss H. A. CUTTS

4 Senior Clerical Assistants, 12 Clerical and other Assistants, 4 Clerical Assistants (Supernumerary)

Sanitary Administration—

Senior Administrative Assistant - - - - - - -	R. P. HARPHAM
Senior Clerical Assistant - - - - - - - -	J. R. BINGHAM

3 Senior and 6 other Clerical Assistants.

General Sanitary Inspection—

Superintendent Sanitary Inspectors - -	C. F. CHALLENGER	W. CURTIS
	H. B. WARD	F. T. TWELVES
	G. ROBINSON	
Assistant Superintendent Sanitary Inspectors -	F. M. COCKCROFT	J. D. BELL
	S. CURTIS	F. BAINBRIDGE
	J. W. BOULTON	

24 District Sanitary Inspectors.

Disinfection, Disinfestation, Transport of Stores, etc.—

Superintendent - - - - - - - - -	J. SISSONS

Assistant Superintendent and 23 General Assistants.

Food Inspection—

Superintendent Food and Drugs Inspector - - - - -	G. A. KNOWLES
Assistant Superintendent Food and Drugs Inspector. - - - -	R. MOORE

3 Food and Drugs Inspectors.

Meat Inspection—

Superintendent Meat Inspector - - - - - - - - - G. WHITELEY
Assistant Superintendent Meat Inspector - - - - - - C. F. DEAN

3 Meat Detention Officers, 1 Clerical Assistant and 1 General Assistant (part-time).

Smoke Inspection—

Superintendent Smoke Inspector - - - - - - - - - J. LAW
Assistant Superintendent Smoke Inspector - - - - - - H. STENTON

2 Smoke Inspectors.

Rodent Control—

Rodent Officer - - - - - - - - - - - M. BEEVOR

10 Rodent Operatives, 4 Labourers.

Maternity and Child Welfare (Care of Mothers and Young Children)—
Health Visiting—
Midwifery—

Chief Administrative Assistant - - - - - - - - Miss E. A. MARTIN
Chief Clerk - - - - - - - - - - - - Miss D. LEIGHTON

4 Senior and 29 other Clerical Assistants ; 3 Clerical Assistants (part-time), 20 General Staff.

Superintendent Health Visitor - - - - - - - - Miss I. LITTLEWOOD
Assistant Superintendent Health Visitor - - - - - - - (VACANCY)
Superintendents of Infant Welfare Centres - Miss C. RANDALL Miss D. A. COOLING

34 Health Visitors, 1 Health Visitor (part-time), 9 Student Health Visitors, 4 Clinic Nurses, 11 Clinic Attendants.

Non-Medical Supervisor of Midwives - - - - - - - Miss M. J. YATES.

44 Midwives directly employed by City Council.
2 Midwives employed under arrangements with the Jessop Hospital for Women.
2 District Nurse Midwives.

Nurseries (as from 3.4.53)—

Supervisory Matron - - - - - - - - - Mrs. G. M. HAWLEY
Matrons of Nurseries :

Beet Street	Mrs. B. H. BYGATE	Firth Park	Mrs. M. E. OLLERENSHAW
Carbrook	Mrs. A. BARTON	Langsett Road	Mrs. E. D. BROWN
Cradock Road	Mrs. J. ROBERTS	Meersbrook Park	Mrs. E. A. FEARN
Darnall	Miss K. E. BENNETT	Swinton Street	Mrs. M. H. SANDERSON

80 Staff Nurses, Staff Nursery Nurses, Enrolled Assistant Nurses, Nursery Assistants and Nursery Students. 29 Domestic Staff.

Domestic Help Service—

1 Senior and 2 Junior Clerical Assistants. 54 whole-time and 113 part-time Domestic Helps.

Home Nursing—

Senior Administrative Assistant - - - - - - - - F. McWATT

2 Clerical Assistants.

Johnson Memorial Home (and associated Homes)—

Superintendent - - - - - - - - - - - Miss M. A. REEVES
Assistant Superintendents - - - - Miss O. USHER (VACANCY)

1 Senior District Nurse, 17 District Nurses, 28 District Nurses (part-time), 5 Domestic and other staff, 4 Domestic and other staff (part-time).

Princess Mary Home—

Superintendent - - - - - - - - - - - Miss M. TATE
Assistant Superintendent - - - - - - - - - - (VACANCY)

1 Senior District Nurse, 2 District Nurses, 15 District Nurses (part-time), 5 Student District Nurses, 2 Domestic and other staff, 2 Domestic and other staff (part-time).

Vaccination and Immunisation—

Officer in Charge - - - - - - - - - - - A. MOBLEY

2 Clerical Assistants.

Ambulance Services—

Ambulance Officer - - - - - - - - - - - E. H. MEDLEY
Chief Clerk - - - - - - - - - - - - F. C. KELSEY

10 Clerical Assistants, 1 Clerical Assistant (part-time), 1 Head Ambulance Driver, 5 Shift Leaders, 43 Drivers, 23 Attendants, 6 Garage Staff, 1 Domestic and other staff, 1 Domestic and other staff (part-time).

Prevention of Illness, Care and After-Care—

Part-time of Home Nursing Administrative Staff.

Mental Health Service—

Administrative Officer - - - - - - - - - - G. E. B. WHILLOCK
Psychiatric Social Worker - - - - - - - - - - Miss E. V. JONES.

1 Senior and 3 other Clerical Assistants, 3 Duly Authorised Officers, 5 Assistant Duly Authorised Officers, 1 Junior Assistant Duly Authorised Officer, 3 Mental Health Visitors.

Occupation Centre—

Superintendent - - - - - - - - - - - V. H. BAKER

1 Charge Nurse, 3 Nursing Assistants, 2 Assistant Supervisors (unqualified) and 2 Domestic and other staff.

Welfare of the Blind Service—

Superintendent - - - - - - - - - - - A. J. BAKER
Head Clerk - - - - - - - - - - - - Miss E. E. CLARK

2 Senior and 8 other Clerical Assistants, 8 Home Teachers, 94 Workshops (including Saleshop) Staff (including 74 blind persons), 4 other staff, 6 other staff (part-time).

GENERAL STATISTICS

AREA (at 31st December, 1952)	(acres)	39,598
POPULATION—Census 1951 (provisional)		512,834
Estimate of Registrar General—Home population year 1952		510,900
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1952)		155,241
RATEABLE VALUE (1st October, 1952)		£8,467,392
SUM REPRESENTED BY A PENNY RATE (Year 1952-53)		£13,790

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1952.

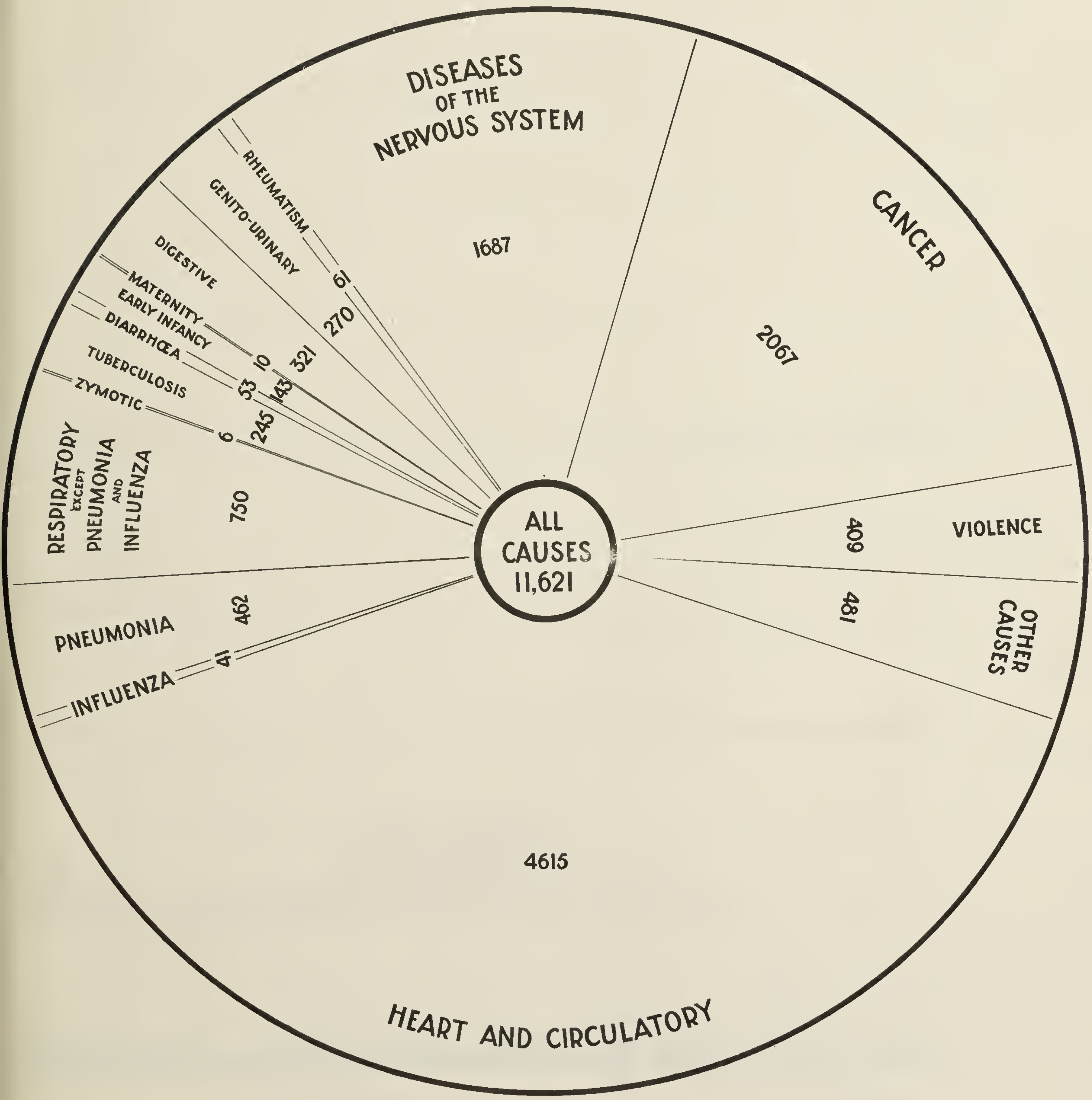
	Total.	Males.	Females.		
LIVE BIRTHS—					
Legitimate	6,778	3,452	3,326	Birth Rate *per* 1,000 *of population*	13·7
Illegitimate	227	126	101		
Totals	7,005	3,578	3,427		
STILLBIRTHS	143	75	68	Rate *per* 1,000 *total (live and still) births*	20
DEATHS (All Causes)	5,937	3,159	2,778	Death Rate *per* 1,000 *of population*	11·6

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—				
All Infants	Deaths	168	Rate *per* 1,000 *live births*	24
Legitimate Infants	Deaths	162	Rate *per* 1,000 *legitimate live births*	24
Illegitimate Infants	Deaths	6	Rate *per* 1,000 *illegitimate live births*	26
DEATHS FROM CERTAIN CAUSES—				
Puerperal Sepsis	Deaths	Nil	Rate *per* 1,000 *total (live and still) births*	Nil
Other Maternal Mortality	Deaths	5		0·70
Total Maternal Mortality	Deaths	5		0·70
Tuberculosis of Respiratory System	Deaths	115	Rate *per* 1,000 *of population*	0·23
Other forms of Tuberculosis	Deaths	10		0·02
Cancer	Deaths	1,056	Rate *per* 1,000 *of population*	2·07

CITY OF SHEFFIELD

DEATH RATES PER MILLION OF THE POPULATION

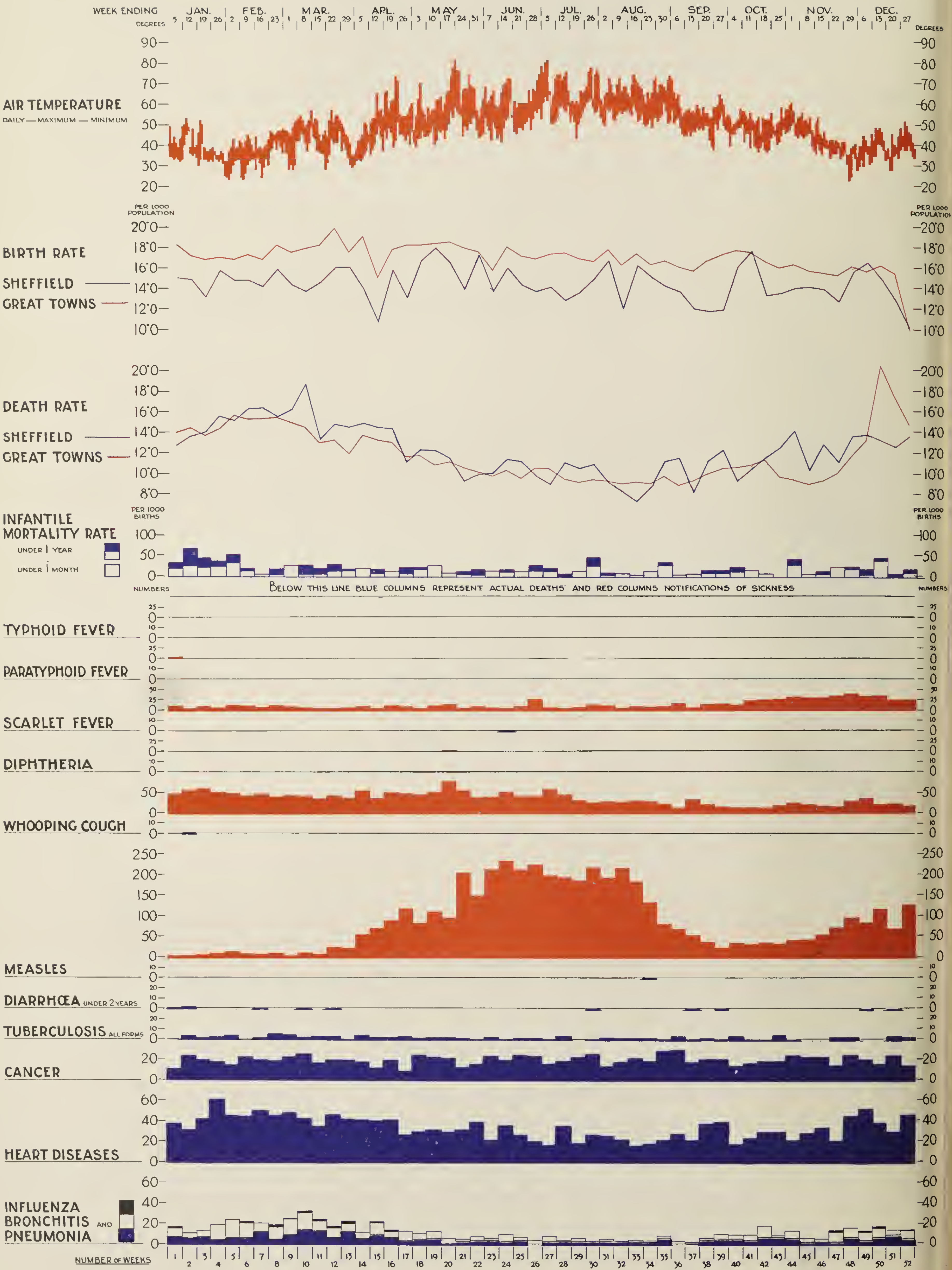
1952



1952

CITY OF SHEFFIELD

VITAL AND MORTAL STATISTICS



CITY OF SHEFFIELD

Public Health Department,
Town Hall Chambers.
September, 1953.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health of the City of Sheffield for the year 1952.

The birth rate of the City fell for the fifth successive year in 1952, as it did in the country generally, the Sheffield rate being 13·7 per 1,000 as against an England and Wales rate of 15·3. This was the lowest rate ever recorded in the City.

The general death rate was 11·6 per 1,000, which is appreciably lower than the rate of 13·0 in 1951 but slightly higher than the England and Wales death rate of 11·3 per 1,000.

It is gratifying to be able to state that the 1952 Infant Mortality rate was the lowest ever recorded in the City. It was 24 per 1,000 live births, as compared with an England and Wales rate of 28 per 1,000. Deaths of infants in the first four weeks of life gave a neonatal mortality rate of 15 per 1,000 births, as against a rate of 19 per 1,000 in 1951.

The following statement gives a comparison between causes of deaths in the City of infants under one year of age in 1951 and 1952. The number of deaths due to some important causes has been considerably reduced during the year, notably from Post-natal Asphyxia and Atelectasis, and Immaturity. The large reduction in deaths from Pneumonia was to be expected ; there was an abnormally large number of such deaths in 1951 as a result of the Influenza epidemic and the associated respiratory infections which occurred at the beginning of that year.

Deaths of infants under 1 year.

Comparison of 1952 with 1951.

Deaths in 1952 compared with 1951, showing amount of **increase** from certain causes		Deaths in 1952 compared with 1951, showing amount of **decrease** from certain causes	
Gastro-Enteritis and Colitis—		Whooping Cough	3
4 weeks and over	2	Pneumonia	13
Congenital Malformations	4	Post-natal Asphyxia and Atelectasis ..	16
Injury at Birth	5	Immaturity (unqualified)	13
		Neonatal Disorders arising from Maternal Toxæmia	5
		Ill-defined Diseases peculiar to Early Infancy	3
		Otitis Media	3
Total Deaths, 1952	168	Total Deaths, 1951	221

The 1952 maternal mortality rate showed a slight increase over the 1951 rate, which was the lowest there has ever been in the City. There were five maternal deaths during the year, giving a rate of 0·70 per 1,000 total (live and still) births. This compares with an England and Wales rate of 0·59 per 1,000.

Sickness incidence and mortality amongst the notifiable diseases remained, with a few exceptions, relatively low in 1952. There was one case of Diphtheria during the year, the first for more than three years, but for the fourth successive year there were no deaths from this disease. There were no cases of Paratyphoid Fever. Cases of Scarlet Fever showed a small increase over the previous year and there was one death. There was also a considerable increase in cases of Whooping Cough but the death rate was lower than in 1951. There was, however, a large fall in the number of cases of Measles, and there was only one death. A reduction was again recorded in the incidence of Acute Poliomyelitis during the year, although the number of cases remained about the average of recent years. There was a considerable decrease in the number of Dysentery cases and the form of the disease was mild.

The death rate for Enteritis and Diarrhœa (in infants) showed an increase over the record low rate of 1951, but was well below the average of the previous five years.

It will be recalled that reference was made in previous Reports to the selection of Sheffield as one of the areas for a trial period of notification of Acute Rheumatism occurring amongst children under sixteen years of age. This period was originally to last for three years ending on 1st October, 1950, but at the request of the Ministry of Health it was agreed that it should be extended for a further three years. A separate report on the cases notified is included in this Annual Report.

This is the seventh successive year in which the death rate (0·225) from Tuberculosis of the Respiratory System has decreased, the 1952 death rate being the lowest which has ever been recorded in the City. The death rate from Other Forms of Tuberculosis (0·020) was also the lowest ever recorded.

The death rate from Cancer continues inexorably to climb, and this is an inevitable concomitant of an ageing population ; special mention is made of it later in the report.

Reference has been made in previous Reports to a scheme for the provision of a Mother and Baby Home in the City. Certain premises have now been adapted in Hucklow Road and, whilst accommodation at this Home will not be extensive, it is hoped shortly to provide facilities for this essential side of the care of mothers (including unmarried women) and their children. The confinements will take place in hospital and it is anticipated that, in the main, the mothers will return to the Home with their babies for a time until they resume work and find other accommodation.

The year 1952 was the first full year during which the whole of the Home Nursing Service was under the direct administration of the City Council. During this period the district nurses made almost 164,000 visits and attended over 5,900 cases.

The records of vaccination for the year 1952 show that there was a reduction of 332 in the number of children vaccinated, as compared with the previous year. As regards Diphtheria Immunisation during 1952, 6,494 children under fifteen years of age were immunised, which, though slightly higher than in the previous year, was considerably below the total of 9,230 in the year 1949. It is noteworthy that, although 588 children were immunised in the years 1937 to 1940, since that time, and until the end of 1952, a total of 137,079 persons (practically all of them children under 15 years of age) have completed a course of Diphtheria Immunisation. In addition, 35,908 children in the age group : five and under fifteen years, received a reinforcing injection during the period May, 1944 to 31st December, 1952. It is a matter of concern that there has been a growing apathy towards the prevention of both Smallpox and Diphtheria. Compulsion in matters of this kind is repugnant ; nevertheless, parents have responsibilities both towards the care of their own children and towards the prevention of spread of infection to their neighbours.

The Ambulance Services have continued to meet all the demands made upon them and, during 1952, carried more than 125,000 patients, with an aggregate running distance of over 496,000 miles, in other words, an average of 342 patients per day, and an average daily mileage of 1,356.

Steps were again taken to increase the complement of domestic helps in 1952 and, at the end of the year, this staff numbered 167, of whom 53 were employed whole-time and 114 part-time. There is an increasing demand upon this service, which has proved a boon in providing help in the household when there have been confinements or illness or in cases of old age or infirmity, if help has not been available from any other source. The services of domestic helps were made available during the year in 187 cases of confinements and 1,038 other cases.

Information will be found in this report regarding the Mental Health Service which is administered by the Health Committee. Broadly speaking, these duties relate on the mental deficiency side to : the ascertainment of mental defectives, the care of defectives in their own homes and the provision of facilities for training and occupation. There were 1,148 mental defectives on the register at the end of the year 1952. As regards mental illness, the Duly Authorised Officers visit the home of any person who is notified as suffering from mental illness and, as soon as possible, make all necessary arrangements for the proper care of the patient, either for his admission to the mental observation section of Fir Vale Infirmary or to a mental hospital or otherwise. 633 patients were dealt with under these arrangements during 1952. The Psychiatric Social Worker continued to carry out community care amongst neurotic patients. The work involves the building-up of relationships with the patients, relatives, doctors, employers, officials, etc., and it is anticipated that as the service develops it will make a contribution towards the saving of hospital beds and in assisting early cases of mental illness.

A section of this Annual Report is devoted to the services for the welfare of the blind and other handicapped persons ; these services, as co-ordinated under the provisions of the National Assistance Act, 1948, are administered by the Health Committee.

During the year, the staff of sanitary inspectors, amongst their duties, made almost 46,000 visits to, and inspections of, dwellinghouses under the Public Health Act, 1936, for the investigation and abatement of nuisances. Particulars of these visits and of the general work of the sanitary inspectors, including their work in connection with Housing, appear in this Report. The smoke inspectors continued their observations of the emission of smoke and the records for 1952 show that the average of the minutes of smoke emitted per half-hour observation was 1·9 minutes. This compares with a similar average for the previous year, although an average as low as 1·4 minutes per half-hour was recorded in 1938, prior to the war. It is realised that industry has again been working at full pressure during the year and that difficulties have been experienced in some cases in providing suitable fuel for some processes.

Food inspectors made well over 8,000 visits to markets, railways and wholesale food stores during the year, more than 1,500 visits to retail food shops and almost 700 visits to horseflesh shops with the object of supervising the preparation of foodstuffs and the conditions under which they are handled and sold.

The daily average consumption of milk in Sheffield during the year was 42,006 gallons, which represents a consumption of 0·66 pints per head of the population. In 1952, the food and drugs inspectors took, for analysis, 1,516 samples of milk and other foods, of which 104, representing 6·86 per cent., proved to be adulterated. This compares with an adulteration rate of 6·57 per cent. for 1951. The year 1952 was the first year in which the recommended minimum number of samples, namely three per 1,000 population, was reached.

There were 179,977 animals slaughtered at the Corporation Abattoir during the year and 4,697 at the two private slaughterhouses in the City. All the animals were examined by the meat inspectors and there were 19,892 animals of which either the whole or part of the carcase or some organ was found to be unfit for food.

During 1952, 539 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department ; of this number, 13 failed to pass the examination. Further details with regard to these examinations will be found on page 100 of this Report.

A total of 2,242 cremations was carried out during the year at the City Road Crematorium and in each case the documents were examined by the Medical Officer of Health or the Deputy Medical Officer of Health, who are accepted Referees for this purpose.

Low infant mortality rate

In many ways the vital statistics are the final arbiter of the success or otherwise of the curative and preventive medical services. It is very gratifying to mention two satisfactory figures, namely, the very low infant death rate and, in association with this, the extremely low death rate from tuberculosis in childhood ; the total death rate from tuberculosis is also low. Only two children under the age of fifteen years died from tuberculosis in the City of Sheffield during the year under review (1952). This result redounds very much to the credit of the work of the Tuberculosis Service and especially to the intensive campaign carried out by the staff of the Children's Hospital. The Public Health Department, and in particular the Health Visitors, gave very useful assistance.

Deaths of children from unascertained causes

Despite the low infant mortality rate, a survey of the causes of death of children is illuminating. A total of 50 infants under one year of age died at home ; many were premature or suffered from congenital defect. In twenty-five of these children, however, a post-mortem examination was carried out, suggesting that, in a number at least, the cause of death was not quite clear and a general practitioner had not been called in. Of the twenty-five children mentioned above, a total of nineteen children were over the age of one month ; also, among these twenty-five children, a total of eight died from inhalation of regurgitated stomach contents, or obstruction of the external orifices. It therefore appears that many parents (1) do not appreciate when a child is ill, or (2) are unwise in the way they handle a child with a full stomach. Now that every family has the services of a family doctor, it is very important that any child who is ailing in any way should be seen by his doctor. Education of parents in the care of their children still leaves something to be desired.

Accidents as a cause of death

A survey of deaths in children under fifteen years of age shows that 22 children died from accidental causes during the year—including the eight above-mentioned children who died from regurgitated stomach contents or obstruction of the air passages.

1952. *Accidental Deaths*, 0—14 *years.*

	Under 1 year		1 and under 2 years		2 and under 3 years		3 and under 4 years		4 and under 5 years		5 and under 10 years		10 and under 15 years		Total under 15 years	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
MOTOR VEHICLE ACCIDENTS—																
Motor Vehicle Traffic Accident ...	—	1	—	—	1	—	—	—	—	—	1	4	1	—	3	5
Other non-collision M.V.T.A.	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
ALL OTHER ACCIDENTS—																
Accidental poisoning by Utility Gas ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Inhalation and Ingestion of Food causing Obstruction or Suffocation ...	4	3	—	1	—	—	—	—	—	—	—	—	—	—	4	4
Inhalation and Ingestion of other object causing Obstruction or Suffocation	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Accidental Mechanical Suffocation in Bed and Cradle	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Accidental Drowning	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—

A total of 35 persons (24 males and 11 females) died from motor vehicle accidents, and a further 133 (69 males and 64 females) died from other accidents. The age distribution of these accidents (see Table VIII on page 27) is significant.

Deaths in relation to occupation

It will be noted that we are now able to analyse the deaths from the various causes more fully than in the past because of the use of mechanical sorting. In the Tables on pages 32—41 the deaths due to Bronchitis, Tuberculosis and Cancer of the Lung have been classified according to age, sex and occupation. The figures for any one year will naturally be small, and no reliable deduction can be made, especially as we do not know the actual number of persons, or their age structure, in an occupation under consideration. It is hoped, however, to amass information on these points, and in the course of time we will be able to provide comparative figures for different occupations.

Cancer of the Lung

It will be noted (Table VIII on page 27), that the lung and bronchus are the sites most commonly attacked by cancer and the deaths from this cause are by no means confined to the elderly. Almost twice as many people died from cancer of the lung as died from tuberculosis.

A review of the national figures from this disease in comparison with Sheffield figures shows :—

1952 MORTALITY RATE PER MILLION POPULATION

	Cancer of the Lung and Bronchus	Other forms of Cancer	Cancer all forms
England and Wales ..	323	1,670	1,993
Sheffield	401	1,666	2,067

It will be noted that the rate for cancer of the lung in Sheffield is considerably higher than the average national figure and, apart from this single cause, the cancer figures for the City are almost equal to the national figures.

We have also on Table XI, page 31, compared the male and female deaths from cancer of the lung and bronchus in (1) a number of industrial towns and in (2) towns where heavy industry is not found. It will be noticed that the ratio of male to female deaths is appreciably greater in the "industrial" towns compared to "non-industrial" towns. Although it is known that women go to work in many of these industrial towns, nevertheless one would expect that the men on the whole worked in the more unhealthy atmospheres. These figures are interesting but I do not know whether or not they are significant.

Tuberculosis

The deaths from tuberculosis are the lowest on record for the City, and are only half of the figure of four years ago. The rate is falling generally in the country. It is yet too early to say whether we are eradicating the disease, for the newer methods of treatment may in some cases not so much cure the disease as prolong life. It is certain, however, that the organisation built up over many years by the local authority for dealing with tuberculosis, is in a position to make satisfactory use of the new developments.

The other vital statistics are on the whole satisfactory and do not call for comment.

Examination for employment

On page 100, an account is given of the work undertaken by the Department in relation to the fitness of entrants for employment. The standard of fitness required in the entrants we examine is reasonably high ; despite this, the cost of sickness amongst corporation employees is also high, and it is suggested that a more detailed investigation be made into this matter. This is a practice carried out in most large industrial undertakings, and provides much useful information.

Maternity and Child Welfare

The general work of the maternity and child welfare clinics has continued. There has been a slight decrease in the number of children attending the clinics, and in the number of mothers attending the ante-natal clinics, although total attendances at these clinics have tended to rise. The birth rate, however, is falling, and this will undoubtedly affect the attendance both at the ante-natal clinics and at the infant welfare centres. On the other hand, there has been an increase in the number of post-natal examinations made during the year.

Attendances at Clinics

With a view to investigating the reasons why mothers attend the clinics, and also cease, or do not attend at all, we have made a small pilot enquiry and Dr. Black has commented on this (see page 67).

It is appreciated that most mothers attend the clinic for advice regarding the baby, for the baby to be weighed, and also to obtain milk foods, and indeed many make great efforts to attend. Many mothers cease to attend for very natural reasons, such as the need to work or because of pregnancy. It is, therefore, important to arrange for regular home visiting by the health visitor where the mother does not attend the clinic. It will be evident, however, that a number of mothers still consider the local authority clinics as places where sick children are attended. Sick children should be under the care of their own general practitioner—the local authority clinics are educational in character and their main function is to prevent, and not to treat, ill-health.

Elsewhere (see page 55) mention has been made of the question of the protection of children whose mothers are open cases of tuberculosis ; it will be noted that 14 mothers, who were positive cases of tuberculosis, were delivered during the year.

The medical inspection of toddlers (see page 58) has proceeded and is much appreciated by the mothers, and is also undoubtedly a very useful preventive service.

Problem Families

Much of the work of the Maternity and Child Welfare Department is associated with the supervision of various types of problem family. Much has been written about this type of family, but little new has been brought to light. An intensive enquiry has been carried out in the last two years, and Dr. Wright has described the results of this investigation (see page 72). Our original object was to try to find out where and how problem families occurred. For the reasons given by Dr. Wright, it will be seen that our primary object has not been attained.

Two important points emerge from the investigation—

(1) There is a serious tendency for child neglect to occur in problem families. The children are often sub-standard, with the result that they are not as able as the ordinary child to fend for themselves ; more seriously, they tend to acquire a lower mental and social standard and a limited outlook, with the result that the children of problem families tend in their turn to become the parents of problem families.

(2) One notes the large number of agencies that may become involved in the care and supervision of problem families. Every department of the Corporation associated with Welfare may be involved, and there is a danger of their working independently and in isolation. To some extent this is avoided by the joint committee of officers who discuss some of these cases. It should be possible to compile a central reference bureau in the City where the results of the efforts and the findings of the various organisations can be recorded, and where an impartial review of a case as a whole can be made available. As the scope of social work grows, so does the necessity for the various agencies to have a centralised and co-ordinated source of information. Even in the Corporation Service itself, the information of all " Welfare " departments should be available to each one of these departments, and a central records office becomes increasingly important. Much can now be done to reduce the size of records and assist in their storage by the use of miniature photography and mechanical methods of recording. It is appreciated that safeguards are necessary, but the advantages would outweigh the difficulties that would arise.

Tuberculosis in Childhood

Dr. Lorber of the Children's Hospital has very kindly permitted me to make extracts of his paper dealing with the decline of tuberculosis in childhood in the City of Sheffield (see page 42).

The tables show how the deaths from tuberculosis in childhood have fallen ; about 80 children died yearly in 1925–1927, but only two died from this disease in 1952. This figure compares very favourably with the tuberculosis death rates for children anywhere in the world. Undoubtedly, the credit for this state of affairs must be given to the Tuberculosis Service, and in particular to Dr. Lorber, who has been most zealous in his efforts to treat and prevent the disease in childhood.

The close co-operation between the Chest Clinic, the Children's Hospital and the Public Health Department has undoubtedly been of very great value in providing a result of which the whole City can be proud. Health visitors have undertaken the visiting and some of the preliminary investigations. It is no denigration of the efforts made to say that the result could only have been achieved because of the newer methods of diagnosis and treatment, for despite these aids, the improved figures could not have been attained without enthusiasm and co-operation.

It is to be hoped that the result can be repeated and even improved upon ; improvement in the national figures will also come by using all possible means for eradicating this disease, and by co-ordinating all the agencies in this field.

The great improvement in the mortality rate in childhood is an incentive to improve upon the present figures for adults.

Health Visiting

The work of the health visitor has continued to expand. The investigation of the condition of the aged and the disabled makes very great demands upon her time. The follow-up of cases of tuberculosis is a very important part of the work, and the health visitors appreciate that, although the above are new fields for their work, it does place them in the position of social workers for the whole family.

Home Nursing

It will be noted that the work of the Home Nursing Service has increased. More cases have been attended and about 15,000 more visits have been made during the year. Home nursing is often regarded as an adjunct to hospital nursing, but the comparison should not be pressed, for in many ways the nursing of a patient at home presents difficulties not encountered in the hospital. Arrangements for supplies of water, dressings, sterilisation, etc., are often difficult to obtain in an ordinary house.

There is a dearth of statistical information regarding the work of a home nurse, and it is hoped to increase our knowledge by a more careful survey of the type of case attended. Although some increase in the analysis of the work is given in this report (see page 88), it is hoped that a more detailed account will be presented with the next Annual Report.

Co-ordination of home nursing, health visiting and midwifery

The home nurse, the health visitor and the midwife are all state registered nurses who, having obtained this basic nursing training, acquired other experience ; they are all involved in the care of the family. There could be a good argument for combining the training in health visiting, midwifery and home nursing so that one woman so trained would be able to give, in an area suitably contracted, all the necessary services for the families there. This, of course, is the usual practice in country districts, and it would be very useful if a trial on these lines could be undertaken in an urban area.

Disabled Persons

I would particularly draw attention to the section dealing with the needs of disabled persons, which provides a new venture for local authorities (see page 102). This work is in its infancy, but already certain important requirements have become obvious—the need for a co-ordinated scheme for caring for the aged ; the desirability of extending the social centres ; the need for a holiday home and, finally, the provision of suitable outlets, either by work or pastime occupations, for the aged and disabled.

Previous reports have discussed the ways in which the services for the disabled are likely to develop. It becomes increasingly obvious that the rehabilitation of the mentally defective must be considered as an extension of the work for disabled persons in general. The aim should be to progress by stages from a state of disability, whether acquired after an illness or accident, or inherent, as in the person with congenital disabilities, to a state of physical, social and economic self-sufficiency. The full realisation of this object will not be attained in the majority of cases, but improvement is generally possible.

As mentioned, it has been shown that unexpected and heartening improvements can occur in the case of mental defectives. The Chairman of the Health Committee and the Medical Officer of Health visited Darenth Hospital for Mental Defectives and saw some of the good results of the experiments in this more enlightened policy towards mental defectives, undertaken under the ægis of the Medical Research Council. It is hoped to proceed on similar lines when the occupation centre at " The Towers " is opened.

The handicapped person suffers not only from the effect of his disability, but also frequently from loss of schooling, the effects of economic insecurity, and lack of full social contacts. His way in life may be circumscribed, so that any talent available must be developed, even though it takes a long time even to attain mediocrity. It is therefore most important that the child with a handicap should be kept under supervision after leaving school. Generally, only the one who fails to be rehabilitated comes to the knowledge of the welfare authority, but breakdown can often occur after a good start if adverse circumstances are met. I would suggest, now that there is a statutory service for the care of disabled persons, that it should be an obligation for the local education authority to notify the welfare authority when a handicapped child leaves school. Consultations between the Welfare Service, the Education Authority and the Ministry of Labour should be made early in the child's school career so as to co-ordinate the efforts on his behalf.

The following quotation states the conclusions reached following an investigation, undertaken for the Medical Research Council, into the " Employment Problems of Disabled Youth in Glasgow ". It is not known whether similar conditions obtain elsewhere, but the need for enquiry and vigilance is obvious. The child and the parents must be made to realise that they can have assistance and guidance. The quotation reads :—

> " It is impossible to view with other than apprehension the circumstances disclosed by this study of the welfare of disabled young people. The extent of unemployment, and,

perhaps more important, the extent of long-term ' chronic ' unemployment, and the high proportion of the employed who are engaged in unskilled work which is often grossly unsuitable and likely to lead to physical breakdown or prolonged idleness—these are sinister findings, especially when viewed against the general background of full employment in the past few years. Failure to settle young people of this age group in suitable work must inevitably make a major contribution to the vicious, hard core of unemployment in later years.

Apart from the overriding need to improve basic living conditions, particularly housing, and to harness all the resources of medicine for the prevention of disease, the findings in this study suggest four lines of action which seem to hold out promise of substantial improvement :

1. Mitigation of the gross educational lack that adds to the difficulties of so many of these young disabled people. It is of vital importance that these children should have the best education possible, and that it should be directed specifically to a type of work suited to their disability. Special school education is beset with many difficulties ; the educational placement of a child with a residual disability (as, for example, following poliomyelitis) should only be decided upon after the most careful consideration of the needs of each individual case.

2. Adoption of energetic steps to secure satisfactory settlement before the young person begins to drift—a policy that yields rich dividends, as demonstrated by the success of deaf children in Glasgow. The ideal time for successful settlement is when the child leaves school ; for if he is allowed to drift for even a short while at this stage, his demoralization is apt to be fatally easy and swift. The young person with heart disease, for instance, may have to cope with this disability, plus educational lack, plus a long spell of hospital ' deprivation ' of normal life, plus the anxiety of his relatives and friends, plus years of reiteration that rest is his only hope, plus his own vague impression that he is not long for this world anyhow. In such a setting it is difficult to approach the future without emotionalism—whether it take the form of tackling impossible jobs with a jaunty bravado or of being content to do nothing.

3. Remedy of the present serious lack of training courses for disabled young people. The lack of an adequate range of sound training courses, linked to a reasonable prospect of subsequent employment, must inevitably discredit the resettlement organization in the eyes of young people and their parents, just as it must cripple the efforts of the officer whose immediate responsibility it is to see that these young folk are safely launched in suitable work ; his position is all too similar to that of the Scottish Parochial Inspector of Poor a hundred years ago, who complained that a relieving officer without funds at his command must become a refusing officer.

4. Intensive medical and surgical treatment where necessary and the provision of any necessary medical aids or surgical appliances. Many disabled young people still lack this help even today. Medicine and surgery can do much to lighten the disability of some of these young people, and so finely is their economic future poised that even a slight measure of improvement may be of great practical importance.

None of these measures should present insuperable difficulty, given recognition of the social and economic importance of disability among young people and an enlightened pooling of effort to help the needy case. From the social point of view there should be as much public concern over the drift into hopeless idleness of a disabled youth as at present—and rightly—invests an infant's death."

Survey of
Local Health
Authority
Services

We were asked at the end of 1952 by the Ministry of Health to survey the work of the Public Health Department at the end of the fifth year of the National Health Service. The factual matter reported to the Minister has been brought up to date in this Annual Report. However, we discussed the development of co-operation between the three legs of the Service—the Hospitals, the General Practitioner and the Public Health Department. The co-operation with the old municipal hospitals has always been excellent and has been obvious in many ways. I would particularly like to mention the arrangements obtaining in the City General Hospital and Fir Vale Infirmary for safeguarding the interests of old people who are due for discharge. A Case Committee, sponsored by Dr. Milne, meets at frequent intervals, and is attended by members of the Public Health Department; it considers the possibility of discharge of elderly patients and the arrangements that are desirable to enable the patient to remain at home.

Co-ordination between the general practitioner and the Public Health Department has been slow in developing because, presumably, of the long-standing differences of approach to medico-social problems. I feel that a better spirit is now developing and I would thank the general practitioners for the way it has been possible for us to discuss our differences and make suggestions.

There is a good spirit of co-operation with the Children's Hospital, and we have derived much benefit from our association—the Professor of Child Health is Honorary Adviser on Pædiatrics to the Health Committee. Individual consultants and members of the staff have always given every possible assistance in the other voluntary hospitals, and there is the friendliest atmosphere between individuals in the two services ; it is not always realised, however, that the local authority has many legal obligations towards the sick and disabled, and is only too pleased to give any possible help. But co-operation is something that develops and cannot be foisted upon two parties—I am sure that this co-operation will in time evolve.

We have always had the utmost co-operation with the Public Health Laboratory Service, and full interchange occurs between the Public Health Department and the Bacteriologists in the Laboratory.

Mental Health

Mental health is now assuming its place as a problem in medical and social disablement, and not as one of the lost causes. There is a growing realisation throughout the country that more can be done for mental defectives and, although we have not yet been able to commence operations in " The Towers ", we have been able to give much careful thought to the problem, and to make plans for developing the service once the accommodation has been provided.

It is much more difficult to suggest means of preventing mental ill-health or mental defectiveness. Knowledge of genetics is constantly expanding and we are slowly learning a little more about the development of mental deficiency, but the problem is still very much with us, and likely to be so for many years to come.

The increase of ascertained mental ill-health is said to be associated with modern economic and social conditions. While Syphilis and alcohol, together with malnutrition, have to a large extent ceased to be causes of mental breakdown, we are now faced with mental deterioration associated with old age, and the mental illness that is claimed to be associated with the stresses of modern life.

Sanitary Administration

There may be a danger of complacently accepting the unspectacular work that is carried out by the Sanitary Department, but this work is the foundation of all our public health, and is probably responsible for more healthy enjoyment of life than any other welfare service. The highest standard of work has been fully maintained ; unfortunately, we seem to be becoming short of sanitary inspectors.

Smoke

The disastrous effects of the London fog at the end of 1952 have awakened public interest in smoke and the prevention of atmospheric pollution. Fortunately, we in Sheffield suffered little from the atmospheric conditions that prevailed in many parts of the country. Nevertheless, we are conscious of our smoke problems and of the serious effects accruing from loss of sunshine and from atmospheric dust. The death rate from bronchitis and from cancer of the lung in Sheffield is above the national average.

Consideration has been given to the possibility of advocating smokeless zones in the City, but there are difficulties in an industrial city like Sheffield, where industry and domestic hearths stand cheek by jowl. It appears that more legal powers will be necessary before any radical changes can be made, although the economic factor is undoubtedly a potent weapon because smoke demonstrates that fuel is being used wastefully.

Housing

I think it is fair to say that the housing position appears to be easing, and the Public Health Department has been receiving increasing help from the Housing Department in dealing with some of the more difficult problems. Unfortunately, there are still in this City very many unsatisfactory houses, which cannot be put into a satisfactory state. Houses are the workplaces of our social services, and people should not be permitted to live in houses of such standards as would not be permitted in factory practice.

Housing is one of the vital services in that the housing requirements and the vital statistics are intimately associated. Unfortunately, houses last longer than the persons for whom they were originally built, and so the housing needs of the nation should be planned to cater for the population and social trends, as far as we can see them.

It would be very desirable to have a large scale follow-up of the persons rehoused. Many claims, probably fully justified, have been made for the results of rehousing, but precise information is lacking.

I am very sorry that, up to the time of writing this report, no adequate arrangements seem to have been made for housing the doctors on the new housing estates.

There are still a number of interesting problems that affect our work. We are still experimenting in our approach to the care of the aged and disabled ; we do not really know how our services are affecting the lives of the people ; we still are far from reaching the desired stage where the individual is able to take the necessary care of his own health—the ultimate aim of the Public Health Service is to make itself redundant.

It is with very great pleasure that I acknowledge my appreciation to the members of the Public Health staff for all the help they have given me ; this Report is, after all, only an account of the work that they have carried out throughout the year.

Finally, I wish to place on record my thanks to you, Mr. Chairman, and to the members of the Health Committee, for the help and understanding which has been extended to me upon all occasions.

LLYWELYN ROBERTS,
Medical Officer of Health.

HEALTH COMMITTEE

STATUTORY COMMITTEE

Powers and duties of the City Council in respect of :—

- Public Health Acts,
- National Health Service Acts, 1946—1952
- National Assistance Acts, 1948 and 1951

Approval of :—

- Medical Officer of Health's monthly report on health of City
- Monthly requisitions
- Quarterly report of City Analyst
- Reports of Sub-Committees to which functions are delegated as under :

SUB-COMMITTEES

AUDIT

Verification and checking of monthly expenditure and requisitions of all Sections

CLEANSING AND PUBLIC BATHS

Duties under the following Acts :—

- Public Health Acts, 1875–1936
- Sheffield Corporation Acts, 1918 (Consolidated) and 1928

Services under these Acts etc., in relation to :—

- Refuse Collection
- Refuse Disposal
- Public Conveniences
- Public Baths
- Public Wash-houses

DISABLED PERSONS WELFARE

Duties under the following Acts :—

- National Assistance Act, 1948

Services under these Acts, etc., in relation to :—

- Welfare of blind and other handicapped persons
- Provision of :—
  - Comforts
  - Educational Classes
  - Arrangements for sales of manufactured goods

GENERAL

Duties under the following Acts :—

- Public Health Acts, 1875—1936
- National Health Service Acts, 1946–1952
- National Assistance Act, 1951
- Diseases of Animals Acts
- Factories Act, 1937
- Fertilisers and Feeding Stuffs Act, 1926
- Food and Drugs Acts, 1938–1950
- Housing Acts, 1936–1952
- Hydrogen Cyanide (Fumigation) Act, 1937
- Merchandise Marks Act, 1926
- Pet Animals Act, 1951
- Pharmacy and Medicines Act, 1941
- Pharmacy and Poisons Act, 1933
- Prevention of Damage by Pests Act, 1949
- Rag Flock and Other Filling Materials Act, 1951
- Sheffield Corporation Acts
- Shops Act, 1950
- Slaughter of Animals Acts, 1933 and 1951
- Water Acts, 1945 and 1948

Services under these Acts, etc., in relation to :—

- General Public Health
- General Sanitation
- Ambulance Service
- Caravans, etc.
- Disinfection and Disinfestation
- Food and Drugs, etc.
- Food Premises, etc.
- Health and Welfare in Workplaces
- Housing
- Meat and Food Inspection
- Milk and Dairies
- Offensive Trades
- Pleasure Fairs
- Rodent Control
- Sanitary accommodation in factories
- Smoke Nuisances
- Movement of Animals, etc.
- Water Supplies

MATERNAL, INFANT AND NURSING WELFARE

Duties under the following Acts :—

- National Health Service Acts, 1946–1952
- Public Health Act, 1936
- Midwives Acts, 1936 and 1951
- Nurseries and Child-Minders Regulation Act, 1948
- Nurses' Acts.

Services under these Acts, etc., in relation to :—

- Care of mothers and young children (including Nurseries)
- Care and After Care
- Domestic Help
- Home Nursing
- Health Visiting
- Midwifery
- Supervision of private maternity and nursing homes and nurses' agencies
- Vaccination and Immunisation

ASSESSMENT SECTION

- Approval of maternity hospital and midwifery bookings
- Assessment of applicant's ability to pay for services
- Cancellation of charges already made in certain cases
- Payment of fees to medical practitioners under Midwives Act, 1951
- Sanction for supply of free dried milk, etc.

MENTAL HEALTH

Duties under the following Acts :—

- National Health Service Acts, 1946–1952
- Lunacy and Mental Treatment Acts, 1890–1930
- Mental Deficiency Acts, 1913–1938

Services under these Acts etc., in relation to :—

- Ascertainment of mental deficiency
- Care and After Care in Mental Health
- Certification, etc., under Lunacy Acts
- Occupation Centre

SPECIAL, STAFFING, ETC.

Matters of special importance, including senior staff appointments, etc.

WEIGHTS AND MEASURES

Duties under the following Acts :—

- Weights and Measures Acts, 1878–1936
- Sale of Food (Weights and Measures) Act, 1926
- Gas Act, 1948
- Explosives Acts, 1875 and 1923
- Petroleum (Consolidation) Act, 1928
- Shops Act, 1950
- Young Persons (Employment) Act, 1938
- Celluloid and Cinematograph Film Act, 1922

Services under these Acts, etc., in relation to :—

- Weights and Measures
- Explosives
- Gas meter testing
- Petroleum
- Shops
- Storage of raw and scrap celluloid

VITAL STATISTICS

Special Features.—The birth rate of 13·7 per 1,000 for the year 1952 was lower than in the previous year and was also less than the England and Wales rate. The general death rate of 11·6 per 1,000 was substantially lower than the 1951 rate but was rather higher than the England and Wales rate.

The Infant Mortality rate of 24 per 1,000 live births represented a decrease from the previous year. The 1952 rate for England and Wales was 28 per 1,000 live births. The neo-natal mortality rate of the City in 1952 was 15 per 1,000 live births, which was also a decrease from the previous year.

The death rate from Tuberculosis of the Respiratory System was 0·225 per 1,000, which was a decrease from 1951. The death rate from Other Forms of Tuberculosis was 0·020 per 1,000, as compared with 0·049 per 1,000 in 1951.

The death rate of children under two years of age from Enteritis and Diarrhœa was slightly higher than the 1951 rate, and was also higher than the rate for England and Wales.

24 cases of Acute Poliomyelitis (Paralytic) and 23 cases of Acute Poliomyelitis (Non-Paralytic) were notified during the year. There were three deaths.

There was a substantial decrease in the attack rate from Measles from the previous year and there was only one death.

The attack rate from Scarlet Fever showed a slight increase over the previous year and there was one death from this disease.

There was one case of Diphtheria during 1952, but there were no deaths for the fourth successive year.

There was an increase in the incidence of Whooping Cough but the death rate was lower than in the previous year.

The maternal mortality rate was 0·70 per 1,000 total (live and still) births. This was slightly above the low record rate of 0·41 in 1951.

Mortality from Cancer showed a slight increase and was somewhat higher than the England and Wales rate.

The death rates from Influenza, Pneumonia and Bronchitis each showed a considerable decrease from the rates of the previous year.

Area.—The total area of the City at 31st December, 1952, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1952 was 510,900, and this figure is employed in the calculation of the Birth Rates and Death Rates in this Report.

Marriages.—The number of marriages in 1952 was 4,044 and the marriage rate (or persons married per 1,000 of the population) was 15·8 as against 17·0 per 1,000 in 1951. The England and Wales rate for the year 1952 was 15·9, this being the first year since 1926 that the Sheffield marriage rate has fallen below the rate for England and Wales. The following table gives details of marriages in Sheffield during the period 1947 to 1952 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE I.—*Marriages and Marriage Rates in Sheffield and in England and Wales, years* 1947 *to* 1951 *and year* 1952.

Year.	Total Number of Marriages in Sheffield.	Persons Married per 1,000 of the population. Sheffield.	England and Wales.
1947	4,761	18·7	18·6
1948	4,781	18·6	18·1
1949	4,478	17·4	17·0
1950	4,241	16·5	16·3
1951	4,329	17·0	16·4
Average (Quinquennium 1947-1951)	4,518	17·6	17·3
1952	4,044	15·8	15·9

Live Births.—There were 7,445 live births registered in the City in 1952, and, after making allowances for births transferable inwards and outwards, the figure of net live births is 7,005. The birth rate was 13·7 per 1,000 of the population as against a rate of 14·2 in 1951. The England and Wales rate for 1952 was 15·3 per 1,000. It will be seen from the statement below that the birth rate of the City was continuously on the increase throughout the period from 1942 to 1944. It declined in 1945 and rose again in 1946 and 1947, but has steadily declined during the period 1948 to 1952. The statement also gives the illegitimacy rates of Sheffield and of England and Wales since the year 1942. It will be seen that of the 7,005 live births in 1952 there were 227 illegitimate births and that the illegitimacy rate was 32 per 1,000 live births as against an England and Wales illegitimacy rate of 46 per 1,000. The average of the illegitimacy rates of the City for the ten years 1942 to 1951 is also very considerably below that of England and Wales :—

Year.	Total Live Births.	Birth Rate per 1,000 of Population.	Illegitimate Live Births.	Illegitimacy Rate per 1,000 Live Births. Sheffield.	England and Wales.
1942	7,958	16·6	291	37	56
1943	8,613	18·2	356	41	63
1944	10,072	21·2	453	45	70
1945	8,629	18·1	503	58	92
1946	10,073	20·1	433	43	65
1947	10,522	20·7	399	38	52
1948	9,107	17·7	368	40	53
1949	8,087	15·7	282	35	50
1950	7,370	14·3	276	37	49
1951	7,233	14·2	271	37	47
Average 1942–51	8,766	17·7	363	41	60
1952	7,005	13·7	227	32	46

Still-births.—Still-births allocated to the City in 1952, after making allowance for transferable births, numbered 143 and gave a rate of 0·28 per 1,000 of the population, as against a rate of 0·34 for 1951. The 1952 rate for England and Wales was 0·35. The still-births of the City in 1952 also represent a rate of 20 per 1,000 total (live and still) births, as compared with 23 per 1,000 in 1951.

Deaths.—There were 6,458 deaths registered in the City in 1952 and the transferable deaths numbered 279 inwards and 800 outwards. Net deaths allocated to the City therefore totalled 5,937 of which 3,159 were males and 2,778 females. The death rate from all causes was 11·6 per 1,000 of the population. This rate, as is shown in the following statement, is lower than the 1951 rate and also lower than the average rate for the decade 1942–1951. It is, however, above the 1952 rate for England and Wales of 11·3 per 1,000.

	Year	Number of Deaths	Death Rate per 1,000 of the Population
	1942	5,697	11·9
	1943	6,215	13·1
	1944	5,905	12·5
	1945	5,968	12·5
	1946	6,167	12·3
	1947	6,260	12·3
	1948	5,797	11·3
	1949	6,431	12·5
	1950	5,883	11·4
	1951	6,633	13·0
Average	1942-51	6,096	12·3
	1952	5,937	11·6

Smallpox.—There were no cases of Smallpox notified during the year.

Measles.—There were 4,632 cases of Measles notified during the year, and the attack rate was 9·07 per 1,000 of the population as against 14·39 per 1,000 in 1951.

There was one death, and the death rate was 0·002 per 1,000 of the population. In 1951 there were four deaths. The average death rate for the five years 1947–1951 was 0·010.

Scarlet Fever.—720 cases of Scarlet Fever were notified during the year and the attack rate was 1·41 per 1,000 of the population as against 0·93 for 1951, and an average rate of 2·02 for the quinquennium 1947–1951. There was one death from Scarlet Fever in 1952, and the death rate was 0·002 per 1,000 of the population. In the previous year there were no deaths. The average death rate for the City for the quinquennium 1947–1951 was 0·000.

Diphtheria.—There was one case of Diphtheria notified during 1952, the first confirmed case for more than three years. The attack rate was 0·002 per 1,000 of the population, which compares with no cases in 1951, and an average rate for the quinquennium 1947–1951 of 0·023. There were no deaths from Diphtheria for the fourth successive year. The death rate for the quinquennium 1947–1951 was 0·001 per 1,000 of the population, as against 0·003 for England and Wales.

Whooping Cough—1,781 notifications of Whooping Cough were received in the year 1952 and the attack rate was 3·49 per 1,000 of the population as against 2·11 in 1951. There was one death, giving a death rate of 0·002 per 1,000 of the population. In the year 1951 there were three deaths, with a death rate of 0·006 per 1,000. The average death rate for the quinquennium 1947–1951 was 0·020.

Typhoid and Paratyphoid Fevers.—There were no cases under the heading of Typhoid and Paratyphoid Fevers notified during the year 1952. In 1951 there were ten cases notified in this group, all of Paratyphoid Fever, but there were no deaths in either year.

Enteritis and Diarrhœa under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 1·57 in 1952, as compared with 1·1 for England and Wales. The rate for 1951 was 1·24 as against 1·4 for England and Wales.

Meningococcal Infection.—There were 19 cases of Meningococcal Infection notified in 1952, as compared with 12 cases in 1951. The attack rate was 0·04 per 1,000 of the population, as against 0·02 per 1,000 in 1951. The average rate for the five years 1947 to 1951 was 0·03. There were two deaths during the year, as against one death in 1951, and the death rate was 0·004 per 1,000 of the population, as against 0·002 in 1951, and an average death rate for the quinquennium 1947 to 1951 of 0·007 per 1,000.

Acute Poliomyelitis.—47 cases were notified during the year—24 of Poliomyelitis (Paralytic) and 23 of Poliomyelitis (Non-paralytic)—compared with 79 cases—35 of Poliomyelitis (Paralytic) and 44 of Poliomyelitis (Non-paralytic)—notified in 1951. The attack rate was 0·09 per 1,000 of the population, comparing with a rate of 0·15 for 1951. During the year there were three deaths from this disease, as against four in 1951.

Acute Encephalitis.—Five cases of Acute Encephalitis (Infective) and one case of Acute Encephalitis (Post-Infectious) were notified during the year. There were two deaths under this heading, both from sequelæ of this disease. In 1951, three cases of Acute Encephalitis (Infective) and two cases of Acute Encephalitis (Post-Infectious) were notified, and there were nine deaths under this heading, including eight from sequelæ of the disease.

Dysentery.—48 cases of Dysentery, the majority of them being of the Sonne type, were notified during the year. There were no deaths. In 1951 there were 312 cases and no deaths.

Malaria.—Three cases of Malaria were notified during the year, the first to be so notified since 1948. In all three cases the disease was contracted abroad.

Food Poisoning.—There were 104 cases of Food Poisoning recorded during 1952. In 1951 there were no notifications, and there were no deaths in either year.

Influenza.—The Influenza death rate was 0·041 per 1,000 as against 0·04 for England and Wales, the corresponding 1951 figures being 0·237 and 0·38 respectively. The average City rate for the five years 1947–1951 was 0·106 per 1,000.

Pneumonia.—1,588 cases of Pneumonia were notified in 1952, the incidence rate being 3·11 per 1,000 of the population, as against 3·59 per 1,000 in 1951. A total of 236 persons died from Pneumonia during the year—127 males and 109 females—and the death rate was 0·462 per 1,000 of the population. There were 266 deaths from Pneumonia in the year 1951, and the death rate was 0·522 per 1,000. The average death rate for the five years 1947–1951 was 0·469 per 1,000.

Bronchitis.—There were 325 deaths from Bronchitis during the year as compared with 495 deaths in 1951. The death rate was 0·636 per 1,000 of the population, which compares with a rate of 0·971 for the year 1951. The average City rate for the five years 1947–1951 was 0·803 per 1,000.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1947, Sheffield was selected for a three years trial period of notification of Acute Rheumatism in children under 16 years of age, commencing on 1st October, 1947 ; this period was extended for a further three years by the Acute Rheumatism Regulations, 1950. During the year 1952, 31 cases were classified as properly notifiable under the Regulations. A separate report upon an investigation which has been made into these cases appears at the end of this section of the Annual Report.

Cancer.—A total of 1,056 persons, 597 males and 459 females, died from Cancer in the year 1952. The death rate was 2·067 per 1,000 of the population, as against 2·061 in 1951.

Below is a table which gives details of deaths of Sheffield residents from Cancer in the period 1947 to 1952 and a comparison of the Sheffield death rate with that of England and Wales.

The numbers of deaths under the detailed sub-headings of Cancer, classified according to sex and in age periods, are given in table VIII on page 27.

TABLE II.—*Cancer Mortality of Sheffield and of England and Wales for the year* 1952 *and the previous five years.*

Year	Deaths of Sheffield Residents			Death Rate per 1,000 of the Population	
	Males	Females	Total	Sheffield	England and Wales
1947	553	427	980	1·93	1·85
1948	562	460	1022	1·99	1·86
1949	538	486	1024	1·99	1·87
1950	543	451	994	1·93	1·95
1951	564	487	1051	2·06	1·96
5 yrs' av'ge (1947-51)	552	462	1014	1·98	1·90
1952	597	459	1056	2·07	1·99

Tuberculosis.—There were 592 notifications of Tuberculosis of the Respiratory System in 1952, and the incidence rate was 1·16 per 1,000 of the population as against 1·35 per 1,000 in 1951. There were 64 notifications of Other Forms of Tuberculosis, giving an incidence rate of 0·13 per 1,000 which corresponds with a rate of 0·15 per 1,000 for 1951.

Deaths from Tuberculosis of the Respiratory System numbered 115, of whom 83 were males and 32 females. The death rate per 1,000 of the population was 0·225. This figure compares with a rate of 0·294 in 1951, an average rate of 0·398 for the five years 1947–1951, and an England and Wales rate for 1952 of 0·212 per 1,000.

There were ten deaths from Other Forms of Tuberculosis, seven of males and three of females. The death rate was 0·020 per 1,000 of the population, as against a rate for 1951 of 0·049 per 1,000, an average rate of 0·062 for the five years 1947 to 1951, and an England and Wales rate of 0·028 for the year 1952.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1943 to 1952, are given in the table below :—

TABLE III.—*Death Rates per Million from Tuberculosis, ten years,* 1943 *to* 1952.

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1943	639	557	114	111	753	668
1944	523	524	112	104	635	628
1945	561	515	107	100	668	615
1946	536	468	66	83	602	551
1947	500	470	79	79	579	549
1948	441	440	54	67	495	507
1949	440	403	74	54	514	457
1950	313	321	54	43	367	364
1951	294	275	49	41	343	316
1952	225	212	20	28	245	240

Infant Mortality.—There were 168 deaths of infants under one year of age in 1952 as compared with 221 in 1951. The infant mortality rate of 31 per 1,000 live births in 1951 fell to 24 per 1,000 in 1952. The England and Wales rate for 1952 was 28 per 1,000.

In the table which follows are given the infant mortality rates for Sheffield and for England and Wales during the past 20 years. It will be seen that throughout this period the Sheffield rate has compared favourably with the England and Wales rate.

TABLE IV.—*Infant Mortality, Sheffield and England and Wales,* 20 *years,* 1933 *to* 1952.

Year	Infant Mortality		Year	Infant Mortality	
	Sheffield	England and Wales		Sheffield	England and Wales
1933	63	64	1943	56	49
1934	55	59	1944	41	45
1935	52	57	1945	46	46
1936	59	59	1946	36	43
1937	55	58	1947	42	41
1938	50	53	1948	32	34
1939	48	50	1949	35	32
1940	55	56	1950	28	30
1941	67	60	1951	31	30
1942	49	51	1952	24	28

In the table which follows in regard to infant mortality particulars are given of the deaths of infants in the year 1952. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (sixth revision), which was introduced on 1st January, 1950.

TABLE V.—*Infant Mortality ; Deaths in the year* 1952 *from stated causes at various ages under One Year.*

Causes of Death	Under 1 week	1–2 weeks	2–3 weeks	3–4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Septicæmia and Pyæmia, organism unspecified ...	...	...	...	...	...	1	...	...	...	1
Malignant Neoplasm of Liver (secondary and unspecified)	...	...	...	...	...	...	...	1	...	1
Malignant Neoplasm of Trachea, and of Bronchus and Lung specified as primary	1	...	...	...	1	...	...	...	...	1
Diseases of Adrenal Glands...	1	...	...	...	1	...	...	...	...	1
Cerebral Hæmorrhage	...	...	...	...	...	1	...	...	...	1
Meningitis, except Meningococcal and Tuberculous	...	...	...	...	...	...	1	...	...	1
Phlebitis and Thrombophlebitis of intracranial venous sinuses	2	...	...	...	2	...	...	...	...	2
Active Rheumatic Pericarditis	...	...	...	...	...	...	...	...	1	1
Functional Disease of Heart—Other disorders of heart rhythm	...	...	...	...	...	...	1	...	...	1
Pulmonary Embolism and Infarction	...	...	...	...	...	1	1	...	...	2
Acute Upper Respiratory Infection of multiple or unspecified sites	...	...	...	...	...	2	...	...	...	2
Lobar Pneumonia	...	...	...	...	...	1	...	...	...	1
Bronchopneumonia	...	...	...	...	...	2	1	3	1	7
Pneumonia, other and unspecified...	...	...	...	...	...	1	1	...	1	3
Acute Bronchitis	...	...	...	...	...	1	2	1	...	4
Bronchitis unqualified	1	...	...	...	1	...	...	...	...	1
Bronchitis, other	...	...	...	...	...	...	1	...	...	1
Emphysema without mention of bronchitis ...	1	...	...	...	1	...	...	...	...	1
Gastritis and Duodenitis	...	...	...	...	...	...	1	...	...	1
Hernia of abdominal cavity without mention of obstruction	3	...	...	...	3	...	...	...	...	3
Intestinal obstruction without mention of hernia	...	...	...	...	...	...	...	...	1	1
Gastro-enteritis and Colitis, except ulcerative, age 4 weeks and over	...	...	...	...	...	6	2	...	...	8
Other diseases of liver	1	...	...	...	1	...	...	...	...	1
Inborn defect of muscle	...	...	...	...	...	...	1	...	...	1
Monstrosity	4	...	...	...	4	...	...	...	...	4
Spina Bifida and Meningocele	1	2	...	1	4	3	1	...	...	8
Congenital Hydrocephalus	...	...	...	...	...	...	...	...	1	1
Other and unspecified malformations of heart ...	4	...	...	...	4	2	2	3	1	12
Congenital malformations of digestive system ...	...	1	...	1	2	...	...	...	...	2
Congenital malformations of genito-urinary system	...	...	...	...	...	...	1	...	...	1
Other and unspecified congenital malformations...	2	...	...	...	2	...	...	...	1	3
Intracranial and spinal injury at birth—										
Without mention of immaturity	14	...	...	1	15	...	...	...	...	15
With immaturity	7	1	...	...	8	...	...	...	...	8
Other birth injury—										
Without mention of immaturity	2	...	...	...	2	...	...	...	...	2
With immaturity	1	...	...	...	1	...	...	...	...	1
Post-natal asphyxia and atelectasis—										
Without mention of immaturity	5	...	...	...	5	...	...	...	...	5
With immaturity	4	...	...	...	4	...	...	...	...	4
Pneumonia of newborn—										
Without mention of immaturity	...	1	2	...	3	...	...	...	...	3
With immaturity	1	...	...	...	1	...	...	...	...	1
Diarrhœa of newborn—										
Without mention of immaturity	...	1	...	...	1	...	...	...	...	1
Neo-natal disorders attributed to maternal diabetes—										
With immaturity	1	...	...	...	1	...	...	...	...	1
Hæmolytic disease of newborn—										
Without mention of immaturity	4	...	...	...	4	...	...	...	...	4
Hæmorrhagic disease of newborn—										
Without mention of immaturity	1	...	...	...	1	...	...	...	...	1
Ill-defined diseases peculiar to early infancy—										
Without mention of immaturity	1	...	...	...	1	...	...	...	...	1
With immaturity	1	...	...	...	1	...	...	...	...	1
Immaturity unqualified	28	2	...	...	30	...	...	...	...	30
Other unknown and unspecified causes	2	...	...	...	2	...	...	...	...	2
Motor vehicle traffic accident to pedestrian ...	...	...	...	...	...	...	...	1	...	1
Inhalation and ingestion of food causing obstruction or suffocation	...	...	...	1	1	3	1	1	1	7
Inhalation and ingestion or other object causing obstruction or suffocation	1	...	...	...	1	...	...	...	...	1
Accidental mechanical suffocation in bed and cradle	...	...	...	...	...	...	1	...	...	1
All Causes	94	8	2	4	108	24	18	10	8	168

Neo-Natal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 108 in the year 1952, giving a neo-natal mortality rate of 15 per 1,000 live births. The rate for the year 1951 was 19 per 1,000. The neo-natal deaths in 1952 comprise 64 per cent. of the total deaths of children under one year of age as against 62 per cent. in 1951.

Pregnancy, Child Birth and the Puerperal State.—On 1st August, 1951, The Puerperal Pyrexia Regulations, 1951, came into operation. These Regulations, which replaced The Puerperal Pyrexia Regulations, 1939, introduced a new and more precise definition of the disease which is more suited to the present conception of an infectious condition highly amenable to improved methods of control. There were 333 cases of Puerperal Pyrexia notified during the year 1952, the first full year of operation of the Regulations, and the incidence rate, calculated per 1,000 total (live and still) births, was 46·59 as against a rate of 15·80 in 1951.

There were five maternal deaths during the year 1952, as compared with three in 1951. There were no deaths from Puerperal Sepsis, whereas in 1951, there was a death rate of 0·14 per 1,000 total (live and still) births and for the five years 1947 to 1951 an average rate of 0·09. The 1952 England and Wales death rate for Puerperal Sepsis was 0·09. The total maternal mortality rate of the City, which was 0·41 per 1,000 total (live and still) births in 1951, rose to 0·70 per 1,000 in 1952, in which year the corresponding England and Wales rate was 0·59 per 1,000. The average Sheffield rate for the period 1947 to 1951 was 0·67, as against an England and Wales average of 0·81. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the Puerperal Pyrexia incidence rates of the City, the death rates of the City from Puerperal Sepsis and from other maternal causes and also comparative figures of the total maternal mortality rates of Sheffield and of England and Wales. Deaths from abortion are disregarded in stating maternal mortality rates.

TABLE VI.—*Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per* 1,000 *total* (*live and still*) *Births, years* 1947-1952.

Year.	Total Maternal Deaths in Sheffield (excluding Abortion)	Rates per 1,000 total (live and still) Births.				
		Sickness incidence from Puerperal Pyrexia	Maternal Mortality.			
			Puerperal Sepsis	All Other Causes	Total Maternal Mortality	
					Sheffield	England and Wales
1947	14	13·59 (147)	0·18 (2)	1·11 (12)	1·29	1·02
1948	6	9·64 (90)	0·11 (1)	0·53 (5)	0·64	0·86
1949	4	12·94 (107)	—	0·48 (4)	0·48	0·82
1950	4	11·96 (90)	—	0·53 (4)	0·53	0·72
1951	3	15·80 (117)	0·14 (1)	0·27 (2)	0·41	0·65
Average 5 years 1947-1951	6	12·79 (110)	0·09 (1)	0·58 (5)	0·67	0·81
1952	5	46·59 (333)	—	0·70 (5)	0·70	0·59

Note.—The figures in brackets denote the actual number of cases or deaths.

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable diseases during the year 1952. Notifications of each disease are tabulated in specified age groups.

TABLE VII.—*Cases of Infectious and other notifiable Diseases during the year* 1952 *classified under age periods.*

NOTIFIABLE DISEASE	Number of Cases Notified								
	At Specified Age Periods								At all Ages
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	
Smallpox	..	..	..	..	..	..	..	..	..
Measles	178	2,754	1,678	10	7	2	2	1	4,632
Whooping Cough ..	167	1,093	514	3	2	1	1	..	1,781
Scarlet Fever	3	218	479	14	3	1	2	..	720
Diphtheria	..	..	1	..	..	..	..	..	1
Typhoid Fever ..	..	..	..	..	..	..	..	..	..
Paratyphoid Fever ..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia ..	..	..	..	140	154	39	..	..	333
Erysipelas	1	1	1	7	6	15	65	21	117
Meningococcal Infection	5	9	4	..	..	..	..	1	19
Acute Poliomyelitis—									
Paralytic	1	8	4	3	6	1	1	..	24
Non-Paralytic ..	1	5	8	5	4	..	..	..	23
Ophthalmia Neonatorum ..	11	..	..	..	..	..	..	..	11
Pneumonia	75	200	163	60	140	143	472	335	1,588
Malaria	..	..	..	3	..	..	..	..	3
Dysentery	3	22	15	1	4	1	1	1	48
Acute Encephalitis—									
Infective	..	2	..	..	..	2	1	..	5
Post-Infectious ..	..	..	1	..	..	..	..	..	1
Food Poisoning ..	..	..	92	2	4	2	3	1	104
Tuberculosis of Respiratory System ..	7	53	75	120	111	73	117	36	592
Other Forms of Tuberculosis	..	9	20	11	9	4	9	2	64
Acute Rheumatism ..	..	2	27	2	..	..	..	..	31
Totals	452	4,376	3,082	381	450	284	674	398	10,097

Causes of Death.—In Table VIII on page 27 are given particulars of the number of deaths of Sheffield residents in the year 1952, classified according to disease, sex and age periods. It should be stated that commencing with deaths registered in the year 1950, the classification of causes of death is that prescribed in the International List (sixth revision 1948), which replaces the fifth revision of 1938. This change in classification has lessened the value, as regards certain causes of death, of the comparisons which are made of death rates prior to the year 1950 with those of subsequent years.

Registration Sub-Districts and Municipal Wards.—Under the Births and Deaths Registration Scheme of the Sheffield City Council, which came into operation on 1st April, 1935, the City was divided into six Registration Sub-Districts each comprising two, three or five Municipal Wards as follows :—Sheffield North (Neepsend and Firth Park Wards) ; Sheffield Central (St. Peter's, Sharrow and Broomhill Wards) ; Sheffield South-West (Woodseats, Nether Edge, Hallam, Ecclesall and Norton Wards) ; Sheffield North-East (Brightside, Burngreave, Attercliffe, Tinsley and Darnall Wards) ; Sheffield North-West (Hillsborough, Owlerton, Walkley, Crookesmoor and St. Philip's Wards) ; and Sheffield East (Park, Manor, Heeley, Handsworth and Moor Wards). During the year under review, alterations have been made to the boundaries of certain Municipal Wards, and in conjunction therewith the Sheffield Registration (Amendment) Scheme, 1952, came into operation on 1st July, 1952. However, in order to preserve continuity, the vital statistics of the Municipal Wards for the year 1952, which appear in Table IX on pages 28 and 29 are for those detailed above ; those for the Municipal Wards as amended will be given in the Annual Report for the year 1953.

Population and Birth Rates and Death Rates in Past Years.—Table X on page 30 gives information in regard to the population of the City in 1952 and past years ; also the numbers of births and deaths in the City and the birth rates and death rates of Sheffield and of England and Wales in those years.

TABLE VIII.—*Deaths of Sheffield Residents in the Year 1952 Classified according to Disease, Sex and Age-Periods.*

CAUSE OF DEATH	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES ...	M	3159	86	4	12	20	24	46	125	305	584	941	1012
	F	2778	82	2	5	13	21	47	89	201	355	783	1180
TOTALS ...		5937	168	6	17	33	45	93	214	506	939	1724	2192
1. Tuberculosis, Respiratory	M	83	—	—	—	—	2	5	12	16	26	14	8
	F	32	—	—	—	—	6	9	5	1	4	5	2
2. Tuberculosis, other	M	7	—	—	—	1	1	—	2	3	—	—	—
	F	3	—	—	1	—	1	—	—	1	—	—	—
3. Syphilitic Disease ...	M	12	—	—	—	—	—	—	—	2	4	5	1
	F	9	—	—	—	—	—	—	1	2	2	1	3
4. Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	1	—	—	—	—	—	—	—	—
6. Meningococcal Infections	M	1	—	—	—	1	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
7. Acute Poliomyelitis	M	1	—	—	1	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	—	1	—	—	—
8. Measles	M	1	—	1	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	M	4	1	1	—	—	—	—	—	1	1	—	—
	F	6	—	—	—	1	—	1	1	—	1	2	—
10. Malignant Neoplasm, Stomach	M	93	—	—	—	—	—	—	5	15	25	32	16
	F	64	—	—	—	—	—	—	3	5	10	23	23
11. Malignant Neoplasm, Lung, Bronchus	M	175	1	—	—	—	—	2	11	38	67	45	11
	F	30	—	—	—	—	—	—	3	7	8	9	3
12. Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	89	—	—	—	—	—	1	6	23	20	19	20
13. Malignant Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	53	—	—	—	—	—	1	5	11	15	14	7
14. Other Malignant and Lymphatic Neoplasms	M	308	1	—	1	2	2	5	12	32	69	93	91
	F	214	—	—	1	1	—	5	14	31	36	73	53
15. Leukæmia, Aleukæmia	M	21	—	—	4	2	3	1	—	1	2	7	1
	F	9	—	—	—	1	—	1	—	1	1	3	2
16. Diabetes	M	11	—	—	—	—	—	—	1	—	2	4	4
	F	21	—	—	—	—	2	—	—	5	3	7	4
17. Vascular Lesions of Nervous System	M	370	—	—	—	—	—	—	5	16	52	127	170
	F	446	1	—	—	—	—	2	3	25	62	140	213
18. Coronary Disease, Angina	M	493	—	—	—	—	—	—	14	57	129	172	121
	F	225	—	—	—	—	—	—	1	5	43	102	74
19. Hypertension with Heart disease	M	68	—	—	—	—	—	—	—	3	11	27	27
	F	80	—	—	—	—	—	—	2	3	12	29	34
20. Other Heart disease	M	393	1	—	—	1	1	2	18	18	31	113	208
	F	518	—	—	—	—	2	5	14	22	35	126	314
21. Other Circulatory disease	M	282	—	—	—	—	—	—	3	4	13	78	184
	F	299	2	—	—	—	1	1	3	9	15	63	205
22. Influenza	M	9	—	—	—	1	—	—	—	2	3	—	3
	F	12	—	—	—	—	—	—	—	1	1	3	7
23. Pneumonia	M	127	5	—	1	1	1	1	7	11	23	51	26
	F	109	10	—	—	—	—	2	3	7	13	35	39
24. Bronchitis	M	210	4	—	1	1	—	—	2	29	57	75	41
	F	115	2	—	—	—	1	—	—	2	9	33	68
25. Other disease of Respiratory System	M	39	2	—	—	—	—	—	3	6	9	14	5
	F	19	1	—	—	—	1	2	3	1	5	4	2
26. Ulcer of Stomach and Duodenum	M	35	—	—	—	—	—	—	3	9	7	12	4
	F	16	—	—	—	—	—	1	1	—	3	4	7
27. Gastritis, Enteritis and Diarrhœa	M	8	5	—	—	—	—	—	1	1	1	—	—
	F	19	5	1	—	1	—	—	1	3	2	5	1
28. Nephritis and Nephrosis	M	24	—	—	—	1	—	4	1	4	6	6	2
	F	32	—	—	—	—	—	4	2	3	7	9	7
29. Hyperplasia of Prostate	M	47	—	—	—	—	—	—	—	—	2	19	26
	F	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	2	3	—	—	—	—
31. Congenital Malformations	M	24	14	1	—	2	2	2	1	1	—	—	1
	F	24	17	—	—	1	—	—	2	1	1	2	—
32. Other defined and ill-defined diseases	M	195	48	1	3	3	4	9	17	23	24	30	33
	F	234	38	—	1	3	5	7	10	21	39	54	56
33. Motor Vehicle Accidents	M	24	—	—	1	2	1	5	3	4	4	2	2
	F	11	1	—	—	5	—	—	—	—	1	1	3
34. All other accidents ...	M	69	4	—	—	2	7	8	3	2	10	8	25
	F	64	5	1	1	—	2	—	1	2	6	13	33
35. Suicide	M	25	—	—	—	—	—	2	1	7	6	7	2
	F	16	—	—	—	—	—	2	2	8	1	3	—
36. Homicide and Operations of War	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—

TABLE IX.—*Registration Sub-Districts and Municipal Wards*; *Estimated Population*; *Acreage* *Rates per* 1,000 *of the Population*; *also*

REGISTRATION SUB-DISTRICTS	NORTH		CENTRAL			SOUTH-WEST					NORTH-EAST		
MUNICIPAL WARDS	Neepsend	Firth Park	Saint Peter's	Sharrow	Broomhill	Woodseats	Nether Edge	Hallam	Ecclesall	Norton	Brightside	Burngreave	Attercliffe
ESTIMATED POPULATION	39,225	42,770	6,162	17,516	20,881	20,528	15,189	21,318	23,256	16,396	20,957	15,967	15,637
ACREAGE	1,810	1,534	260	283	981	1,668	529	9,089	2,779	5,433	1,569	396	379
PERSONS PER ACRE ...	22	28	24	62	21	12	29	2	8	3	13	40	41
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	0·025	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough... ...	...	...	...	...	...	0·049	...	...	...	...	...	...	...
Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	0·051	0·070	0·162	...	0·096	...	0·132	0·047	0·043	...	...	...	...
Gastritis, Enteritis and Diarrhœa	0·051	...	...	0·057	0·096	0·049	...	...	0·086	0·061	...	0·125	0·064
Pneumonia	0·484	0·374	0·812	0·514	0·527	0·585	0·461	0·375	0·215	0·488	0·668	0·313	0·384
Cancer	1·887	2·128	0·649	2·169	1·628	2·387	2·436	1·782	2·709	1·829	1·336	1·628	1·535
Tuberculosis of Respiratory System	0·331	0·257	0·487	0·457	0·239	...	0·329	0·188	0·043	0·122	0·191	0·125	0·128
Tuberculosis—Other Forms	...	0·047	...	0·057	...	...	...	...	0·043	...	...	...	...
Rheumatism, &c. ...	0·025	...	0·162	0·057	0·048	0·097	...	0·141	0·043	...	0·095	0·063	...
Diseases of													
Nervous System and Sense Organs ...	1·479	1·333	1·785	1·827	2·011	2·143	2·963	2·158	2·064	1·708	1·670	1·879	1·790
Circulatory System ...	4·614	3·788	3·246	6·280	6·130	4·871	5·135	5·347	6·794	3·964	3·436	5·073	4·476
Respiratory System except Influenza and Pneumonia ...	0·918	0·608	1·298	0·799	0·335	0·633	0·724	0·516	0·602	0·244	0·907	1·002	1·215
Digestive System except Gastritis, Enteritis & Diarrhœa	0·408	0·210	0·325	0·457	0·239	0·487	0·329	0·469	0·387	0·061	0·238	0·376	0·256
Genito-Urinary System except Venereal Disease ...	0·255	0·210	0·162	0·514	0·145	0·341	0·197	0·094	0·129	0·305	0·525	0·376	0·384
Early Infancy ...	0·179	0·093	0·162	0·057	0·048	0·049	...	0·047	0·043	0·244	0·191	0·439	0·320
Suicide	0·102	0·070	...	0·114	0·048	0·049	0·066	0·188	0·129	...	0·048	...	0·064
Violence—except Suicide	0·230	0·281	0·162	0·457	0·527	0·292	0·329	0·141	0·473	0·305	0·477	0·439	0·384
Other Causes	0·561	0·304	0·325	0·685	0·766	0·585	0·461	0·563	0·516	0·549	0·382	0·563	0·511
Death Rates—All Causes	11·600	9·773	9·737	14·501	12·883	12·617	13·562	12·056	14·319	9·880	10·164	12·401	11·511
Infant Mortality Rates ...	31	27	10	35	15	15	...	21	14	24	21	58	37
Birth Rates	15·628	9·680	16·715	13·017	12·691	10·035	11·061	11·117	9·503	12·686	16·271	15·031	17·203
MUNICIPAL WARDS	Neepsend	Firth Park	Saint Peter's	Sharrow	Broomhill	Woodseats	Nether Edge	Hallam	Ecclesall	Norton	Brightside	Burngreave	Attercliffe
REGISTRATION SUB-DISTRICTS	NORTH		CENTRAL			SOUTH-WEST					NORTH-EAST		

and Persons per acre, Death Rates from all Causes and from Certain Specified Causes, and Birth Infant Mortality Rates, Year 1952.

NORTH-EAST		NORTH-WEST					EAST					City	REGISTRATION SUB-DISTRICTS
Tinsley	Darnall	Hills-boro'	Owler-ton	Walkley	Crookes-moor	Saint Philip's	Park	Manor	Heeley	Hands-worth	Moor		MUNICIPAL WARDS
14,722	21,838	26,984	16,397	16,542	16,485	8,921	18,378	32,516	18,071	34,703	9,541	510,900	ESTIMATED POPULATION
1,822	800	2,072	487	334	308	214	1,049	1,402	593	3,569	238	39,598	ACREAGE
8	27	13	34	50	54	42	18	23	30	10	40	13	PERSONS PER ACRE
...	...	...	...	...	...	...	...	...	...	...	...	...	Smallpox
...	...	...	...	...	...	...	...	...	...	...	...	0·002	Measles
...	...	...	...	...	...	...	0·054	...	...	...	...	0·002	Scarlet Fever
...	...	...	...	...	...	...	...	...	...	...	...	...	Diphtheria
...	...	...	...	...	...	...	...	...	...	...	...	0·002	Whooping Cough
...	...	...	...	...	...	...	...	...	...	...	...	...	Typhoid Fever
...	...	...	...	...	...	...	...	...	...	...	...	...	Paratyphoid Fever
...	0·092	0·037	...	0·060	0·061	0·112	...	0·031	0·055	...	0·105	0·041	Influenza
0·068	...	0·074	0·122	0·060	...	0·112	0·109	0·061	...	0·115	...	0·053	Gastritis, Enteritis and Diarrhœa
0·951	0·549	0·445	0·244	0·423	0·425	0·897	0·381	0·431	0·498	0·288	0·734	0·462	Pneumonia
2·377	2·015	2·335	2·805	1·874	2·730	2·466	2·340	1·968	2·379	1·816	2·201	2·067	Cancer
0·272	0·229	0·185	0·183	0·121	0·121	0·224	0·435	0·400	0·166	0·086	0·524	0·225	Tuberculosis of Respiratory System
...	...	...	0·122	0·121	...	...	0·054	...	...	...	0·105	0·020	Tuberculosis—Other Forms
0·136	...	0·111	0·061	0·242	0·121	...	...	0·031	0·166	0·058	...	0·061	Rheumatism, &c.
1·698	2·061	1·519	1·403	1·753	1·638	1·569	1·252	0·892	1·328	1·643	2·201	1·687	Diseases of Nervous System and Sense Organs
4·755	4·579	3·706	4·147	5·622	4·610	5·381	3·809	3·229	5·368	4·294	4·507	4·615	Circulatory System
1·291	0·504	0·445	1·403	0·544	0·970	1·233	1·088	0·338	0·775	0·605	1·886	0·750	Respiratory System except Influenza and Pneumonia
0·475	0·137	0·334	0·366	0·242	0·364	0·897	0·272	0·369	0·166	0·288	0·105	0·321	Digestive System except Gastritis, Enteritis & Diarrhœa
0·204	0·137	0·259	0·183	0·544	0·425	0·336	0·218	0·277	0·166	0·346	...	0·270	Genito-Urinary System except Venereal Disease
0·136	0·229	0·037	0·366	0·242	...	...	0·109	0·092	0·111	0·288	0·105	0·143	Early Infancy
0·068	0·092	0·111	0·183	0·121	0·061	...	0·054	0·061	0·111	...	0·314	0·080	Suicide
0·475	0·321	0·074	0·426	0·303	0·546	0·112	0·653	0·277	0·387	0·144	0·314	0·329	Violence–except Suicide
0·747	0·366	0·445	0·122	0·665	0·485	0·112	0·490	0·492	0·609	0·403	0·629	0·491	Other Causes
13·653	11·311	10·117	12·136	12·937	12·557	13·451	11·318	8·949	12·285	10·374	13·730	11·621	Death Rates–All Causes
22	28	11	42	54	...	...	37	11	18	29	20	24	Infant Mortality Rates
15·283	14·516	10·414	13·173	12·272	14·559	16·814	14·855	19·406	12·506	16·713	15·722	13·711	Birth Rates
Tinsley	Darnall	Hills-boro'	Owler-ton	Walkley	Crookes-moor	Saint Philip's	Park	Manor	Heeley	Hands-worth	Moor	City	MUNICIPAL WARDS
NORTH-EAST		NORTH-WEST					EAST						REGISTRATION SUB-DISTRICTS

TABLE X.—*Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1952, and previous years.*

Year	Population (Estimated)	SHEFFIELD				ENGLAND AND WALES	
		Live Births		Deaths		Birth Rate per 1,000 of Population	Death Rate per 1,000 of Population
		Number of Births	Birth Rate per 1,000 of Population	Number of Deaths	Death Rate per 1,000 of Population		
1851	135,310	5,946	41·6	4,027	28·2	34·2	22·0
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
*1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1902	414,506	13,938	33·6	7,064	17·0	28·5	16·3
1903	418,906	14,136	33·6	7,976	19·0	28·5	15·5
1904	423,355	13,850	32·7	7,284	17·2	28·0	16·3
1905	427,850	13,082	30·6	7,510	17·6	27·3	15·3
1906	432,395	13,420	31·1	7,475	17·3	27·2	15·5
1907	436,986	14,125	32·3	7,772	17·8	26·5	15·1
1908	441,630	14,268	32·3	7,337	16·6	26·7	14·8
1909	446,321	13,296	29·8	7,098	15·9	25·8	14·6
1910	451,065	12,664	28·1	6,426	14·2	25·1	13·5
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
*1912	466,408	12,887	27·7	6,661	14·3	23·8	13·3
1913	471,662	13,288	28·2	7,446	15·8	23·9	13·8
*1914	476,971	13,004	27·3	7,790	16·3	23·8	14·0
1915	476,012	12,139	25·5	8,173	17·2	21·8	15·7
1916	465,494	12,014	23·7	7,262	15·6	20·9	14·4
1917	469,293	11,026	21·1	6,892	14·7	17·8	14·4
1918	465,217	10,746	20·6	9,732	20·9	17·7	17·6
1919	473,695	10,353	21·0	6,564	13·9	18·5	13·7
1920	492,700	13,130	26·6	6,622	13·4	25·5	12·4
*1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2
1926	523,300	9,013	17·2	5,927	11·3	17·8	11·6
1927	524,900	8,526	16·2	6,436	12·3	16·7	12·3
1928	515,400	8,438	16·4	6,099	11·8	16·7	11·7
*1929	518,000	7,976	15·4	6,850	13·2	16·3	13·4
1930	517,700	7,831	15·1	5,675	11·0	16·3	11·4
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
*1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951	510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952	510,900	7,005	13·7	5,937	11·6	15·3	11·3

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841.

* The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 ; 1st April, 1929 ; and 1st April, 1934.

The Table which follows shows the number of deaths, both male and female, from Cancer of the Lung and Pleura in the years 1947-49, and from Cancer of the Lung and Bronchus in the years 1950-51, in certain industrial and "non-industrial" County Boroughs.

TABLE XI.—*Deaths from Cancer of the Lung and Pleura (Years 1947-1949) and Cancer of the Lung and Bronchus (Years 1950-1951) in 26 County Boroughs.*

County Borough	1947			1948			1949			1950			1951		
	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females
Industrial County Boroughs—															
Burnley ...	14	2	7·00	12	6	2·00	16	4	4·00	16	6	2·67	24	5	4·80
Bury	11	—	—	9	2	4·50	13	1	13·00	4	8	0·50	16	5	3·20
Derby	23	4	5·75	21	8	2·62	41	6	6·83	41	7	5·86	32	5	6·40
Leeds	157	26	6·04	139	33	4·21	163	29	5·62	180	33	5·45	150	26	5·77
Liverpool ...	188	30	6·27	201	37	5·43	260	46	5·65	254	55	4·62	282	40	7·05
Manchester ...	204	45	4·53	200	54	3·70	221	46	4·80	215	39	5·51	284	45	6·31
Nottingham ...	72	14	5·14	68	10	6·80	72	17	4·24	99	12	8·25	84	11	7·64
Rochdale ...	12	4	3·00	16	11	1·45	28	7	4·00	20	6	3·33	27	5	5·40
Sheffield ...	**136**	**22**	**6·18**	**142**	**22**	**6·45**	**149**	**28**	**5·32**	**158**	**19**	**8·32**	**152**	**23**	**6·61**
St. Helens ...	24	6	4·00	24	9	2·67	32	1	32·00	25	4	6·25	29	6	4·83
Stoke-on-Trent	46	8	5·75	63	4	15·75	66	12	5·50	78	17	4·59	73	9	8·11
Warrington ...	12	2	6·00	13	1	13·00	21	2	10·50	23	3	7·67	21	2	10·50
Wigan	13	4	3·25	17	5	3·40	16	4	4·00	16	4	4·00	17	2	8·50
Totals—13 County Boroughs above	912	167	5·46	925	202	4·58	1,098	203	5·41	1,129	213	5·30	1,191	184	6·47
Non-Industrial County Boroughs—															
Bath	15	3	5·00	10	5	2·00	23	2	11·50	11	5	2·20	19	2	9·50
Bournemouth ...	29	11	2·64	27	6	4·50	32	8	4·00	43	9	4·78	41	10	4·10
Brighton ...	39	8	4·87	53	10	5·30	47	13	3·62	43	10	4·30	61	4	15·25
Chester	13	2	6·50	13	2	6·50	14	1	14·00	12	3	4·00	12	4	3·00
Croydon ...	59	17	3·47	58	12	4·83	55	16	3·44	66	9	7·33	72	11	6·55
Eastbourne ...	12	5	2·40	8	3	2·67	15	7	2·14	18	1	18·00	15	5	3·00
Exeter	9	2	4·50	9	1	9·00	12	6	2·00	16	3	5·33	17	4	4·25
Gloucester ...	11	1	11·00	10	2	5·00	14	—	—	8	1	8·00	18	2	9·00
Norwich ...	33	4	8·25	19	1	19·00	33	7	4·71	32	5	6·40	22	7	3·14
Oxford	14	2	7·00	20	5	4·00	16	6	2·67	35	5	7·00	37	7	5·29
Southend ...	37	11	3·36	37	12	3·08	38	8	4·75	37	12	3·08	70	14	5·00
Southport ...	16	3	5·33	23	8	2·87	29	4	7·25	23	6	3·83	38	6	6·33
Worcester ...	5	7	0·71	9	4	2·25	13	5	2·60	8	6	1·33	14	2	7·00
Totals—13 County Boroughs above	292	76	3·84	296	71	4·17	341	83	4·11	352	75	4·69	436	78	5·59

TABLE XII.—*Deaths from Tuberculosis of the Respiratory System of Sheffield Residents in the Year* 1952, *classified according to Occupation, Sex and Age Periods.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
II.—Agricultural and Horticultural Occupations.																									
015. Other Gardeners	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
019. Other Agricultural Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
III.—In Coal Mines.																									
042. Hewers and Getters	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...
044. Persons developing underground workings in Rock	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
VI.—Workers in Metal Manufacture, Engineering and Allied Trades.																									
114. Foreman—Fitting, Erecting	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
122. Blast Furnacemen, Steel Melters and their Teams	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
126. Rollers and their Skilled Assistants	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
132. Non-ferrous Moulders and Core Makers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
146. Forgemen, Pressmen	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
173. Turners (not Brass)	4	4	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	1	...	...	...	...	...
176. Machine Setters, Setter-operators	4	3	1	...	...	...	...	...	...	...	...	...	1	...	...	2	...	1	...	...	...	...	...	...	...
183. Machine Erectors, Millwrights, Maintenance Engineers	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
184. Motor and Motor Cycle Mechanics	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
185. Fitter-Assemblers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
193. Electro-Platers, Nickel Platers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
203. Pipe Fitters...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
242. Electricians (House, Ship, Factory)	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...
259. Other Inspectors, Viewers, Testers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
264. Cutlers	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...
266. File Cutters (Machine or Hand)	2	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
268. Edge Tool Grinders	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	1	...	...	...	...	...
271. Press Workers and Stampers, Drawers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
X.—Makers of Food, Drink and Tobacco.																									
430. Slaughterhouse Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XII.—Makers of and Workers in Paper and Paperboard; Bookbinders and Printers.																									
527. Letterpress or Lithoprinting Machine Assts.	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XIII.—Makers of Products not Elsewhere Specified; Workers in Plastic Moulding, etc.																									
550. Foremen, Overlookers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XIV.—Workers in Building and Contracting.																									
599. Other Workers (mainly Navvies)	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...

TABLE XII.—*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XV.—Painters and Decorators.																									
602. French Polishers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
XVII.—Person Employed in Transport & Communications.																									
639. Porters (inc. Lampmen)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
658. Drivers of other self-propelled passenger vehicles	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
659. Drivers of self-propelled goods vehicles	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
660. Lorry Drivers' Mates, Van Guards, etc.	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
702. Postmen, Post Office Sorters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
XVIII.—Commercial, Finance and Insurance Occupations (excluding Clerical Staff).																									
715. Commercial Travellers, Canvassers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
721. Proprietors, Managers of Retail Business—Greengrocery	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
732. Salesmen, Shop Assistants selling Meat	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XIX.—Professional and Technical Occupations (excluding Clerical Staff).																									
770. Trained Nurses, Midwives	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
785. Other Teachers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
XX.—Persons employed in Civilian Defence Services.																									
833. Watchmen	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
XXI.—Persons Professionally engaged in Entertainment and Sport.																									
855. Other Occupations	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
XXII.—Persons engaged in Personal Service.																									
867. Waiters, Waitresses, Stillroom Hands	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
872. Managers, Attendants of Baths and Wash-houses	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
879. Window Cleaners	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
888. Others in Personal Service	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
XXIII.—Clerks, Typists, etc.																									
890. Clerks (not elsewhere specified)	5	5	...	...	...	...	...	...	...	1	...	...	...	2	...	1	...	1	...	...	...	...	...	...	...
XXIV.—Warehousemen, Storekeepers, Packers, Bottlers.																									
901. Storekeepers	2	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
XXV.—Stationary Engine Drivers, Crane Drivers, Tractor Drivers, etc., Stokers, etc.																									
911. Other Stationary Engine Drivers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
912. Crane Drivers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
914. Slingers and Riggers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...

TABLE XII.——*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (not elsewhere specified).																									
931. Machine Minders—Engineering and Allied Trades	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
940. Labourers in Metal Working, Eng., Elec. and Allied Trades	8	8	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	4	...	2	...	...	...	...	...
950. Labourers in all other ind. and commercial undertakings ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
XXVII.—OTHER AND UNDEFINED WORKERS.																									
990. No occupation	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
999. DEPENDANTS	29	...	29	...	...	...	...	...	2	...	3	...	8	...	5	...	...	...	4	...	5	...	2	...	...
TOTALS	115	83	32	...	...	...	...	1	2	1	4	5	9	12	5	16	1	26	4	14	5	8	2	...	...

TABLE XIII.—*Deaths from Bronchitis of Sheffield Residents in the Year 1952, classified according to Occupation, Sex and Age Periods.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
II.—AGRICULTURAL, HORTICULTURAL & FORESTRY OCCUPATIONS.																									
013. Market Gardeners, Nurserymen, Seedsmen, Flower Growers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
015. Other Gardeners	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
019. Other Agricultural Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
III.—MINING AND QUARRYING OCCUPATIONS.																									
040. Subordinate Superintending Staff	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
042. Hewers and Getters	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...
049. Other Workers above Ground	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
VI.—WORKERS IN METAL MANUFACTURE, ENG. & ALLIED TRADES.																									
119. Foremen and Overlookers—Other and undefined	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	1	...	...	...
122. Blast Furnacemen, Steel Melters and their Teams	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...
126. Rollers and their Skilled Assistants	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
131. Iron or Steel Moulders and Core Makers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
134. Do. Foundry Furnace or Cupola Men	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	2	...	1	...	...	...
136. Steel Foundry Labourers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
145. Blacksmiths	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	...	1	...
146. Forgemen, Pressmen	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...
149. Other Skilled Smithy and Forge Workers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
150. Annealers, Hardeners, Temperers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
156. Sheet Iron and Sheet Metal Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
157. Metal Spinners	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
160. Platers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
173. Turners (not Brass)	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
176. Machine Setters, Setter-operators	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
183. Machine Erectors, Millwrights, Maintenance Engineers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
184. Motor and Motor Cycle Mechanics	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
188. Other Fitters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
193. Electro-Platers, Nickel Platers	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
200. Plumbers (not Chemical)	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
223. Polishers, Scratch Brushers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
225. Silver and White Metal Smiths, Mounters	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...
229. Other Skilled Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
239. Other Workers in electrical communications and signal systems	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
259. Other Inspectors, Viewers, Testers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
264. Cutlers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
265. Die Sinkers and Engravers (not precious metals)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
266. File Cutters (Machine or Hand)	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	1	...	...	...
268. Edge Tool Grinders	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
VIII.—TANNERS, ETC., LEATHER GOODS MAKERS, FUR DRESSERS.																									
373. Makers (by hand) of other Goods	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...

TABLE XIII.—*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
IX.—Makers of Textile Goods and Articles of Dress.																									
383. Tailors	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
X.—Makers of Foods, Drink and Tobacco.																									
422. Bakers and Pastry Cooks	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XI.—Workers in Wood, Cane and Cork.																									
470. Foremen, Overlookers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
472. Carpenters, Joiners	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
479. Other Sawyers, Wood Turners, Wood Cutting Machinists	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
480. Basket Makers, Other Cane Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
XII.—Makers of and Workers in Paper and Paperboard; Bookbinders, Printers.																									
528. Printers (so returned)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XIV.—Workers in Building and Contracting.																									
580. Foremen, Gangers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
582. Builders' Labourers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
583. Bricklayers ...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	1	...
584. Bricklayers' Labourers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
588. Slaters and Tilers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
593. Platelayers ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
594. Paviors, Street Masons and Asphalters ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
599. Other Workers (mainly Navvies)	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	...	2	...	...	...
XV.—Painters and Decorators.																									
609. Other Painters and Decorators ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
XVI.—Administrators, Directors, Managers (not elsewhere specified).																									
622. Managers in Engineering and Allied Trades	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...
XVII.—Persons Employed in Transport & Communications.																									
631. Locomotive Engine Drivers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
634. Locomotive Running Shed Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
637. Shunters, Pointsmen and Level-crossing Men ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
653. Inspectors and Foremen (Road Transport)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
654. Drivers of Horse-drawn Vehicles...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
657. Drivers of Buses and Coaches	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
659. Drivers of Self-propelled Goods Vehicles	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
702. Postmen, Post Office Sorters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
704. Other Telegraph Operators	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...

TABLE XIII.—*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M	F.	M .	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF).																									
710. Proprietors, Managers of Wholesale Businesses	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...
Proprietors, Managers, Retail Businesses—																									
720. Grocery, Provisions	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
729. Other Non-Food Goods	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...
Salesmen, Shop Assistants selling—																									
730. Grocery, Provisions	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
732. Meat	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
743. Costermongers and other Hawkers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
755. Insurance Agents and Canvassers	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...
757. Money Lenders, Pawnbrokers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF).																									
804. Laboratory Assistants, Technologists (not elsewhere specified)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XX.—PERSONS EMPLOYED IN DEFENCE SERVICES.																									
839. Civil Defence Services—other Occupations	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XXI.—PERSONS PROFESSIONALLY ENGAGED IN ENTERTAINMENT AND SPORT.																									
846. Stage Hands	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.).																									
862. Proprietors and Managers of Restaurants	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
865. Publicans, Beersellers, Innkeepers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
872. Managers, Attendants of Baths and Wash-houses	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
882. Chefs, Cooks	1	1	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XXIII.—CLERKS, TYPISTS, ETC.																									
890. Clerks (not elsewhere specified)	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	2	...	...	...	...	...
891. Shorthand Typists, Secretary (not Coy. Secretaries)	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLERS.																									
900. Warehousemen	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	...	...	...	...	...
901. Storekeepers	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	1	...	...	...	...	...
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC.																									
912. Crane Drivers	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	1	...	...	...	1	...
919. Other Switchboard Attendants, Battery Chargers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
921. Other Oilers and Greasers of Engines and Machinery ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...

TABLE XIII.—*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XXVI.—Workers in Unskilled Occupations (not elsewhere classified).																									
931. Machine Minders—Engineering and Allied Trades	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Labourers and Other Unskilled Workers—																									
937. Chemical and Allied Trades	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
940. Metal Working, Engineering, Electrical and Allied Trades	34	33	1	...	...	...	...	...	...	...	...	...	...	...	...	5	...	7	...	17	1	4	...	...	...
942. Treatment of other Non-metalliferous Mining Products (not Coal)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
950. All other Industrial and Commercial Undertakings ...	10	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	4	...	2	...	...	...
XXVII.—Other and Undefined Workers.																									
979. All Other and Undefined Occupations	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
990. No Occupation	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
999. Dependants	118	6	112	4	2	2	...	...	...	...	...	...	...	...	...	...	2	...	9	...	32	...	48	...	19
Totals	325	210	115	4	2	2	...	...	1	...	...	...	...	2	...	29	2	57	9	75	33	33	49	8	19

TABLE XIV.—*Deaths from Cancer of the Lung and Bronchus of Sheffield Residents in the Year 1952, classified according to Occupation, Sex and Age Periods.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
II.—AGRICULTURAL, HORTICULTURAL AND FORESTRY OCCUPATIONS.																									
015. Other Gardeners	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
III.—MINING AND QUARRYING OCCUPATIONS.																									
041. Coal Cutting, and Power-Loading Machine Men	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
045. Persons Repairing and Maintaining Roads below Ground ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES.																									
119. Foremen, Overlookers—Other and Undefined	4	4	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	...	...	...	...	...	...	...
126. Rollers and their Skilled Assistants	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
134. Iron or Steel Foundry Furnace and Cupola Men	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...
136. Steel Foundry Labourers	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...
145. Blacksmiths	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
149. Other Skilled Smithy and Forge Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
150. Annealers, Hardeners, Temperers	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...
173. Turners (not Brass)	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
174. Drillers (Hand or Machine)	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
176. Machine Setters, Setter-Operators	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...
183. Machine Erectors, Millwrights, Maintenance Engineers ...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...
184. Motor and Motor Cycle Mechanics	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
192. Glaziers, Polishers, Buffers and Moppers	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
200. Plumbers (not Chemical Plumbers)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
211. Surgical or Dental Instrument Makers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
225. Silver and White Metal Smiths, Mounters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
229. Other Skilled Workers in Precious Metals	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
241. Electrical Fitters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
251. Inspectors, Viewers, Testers—Castings and Forgings	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
263. Constructional Engineers, Steel Erectors, Structural Iron Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
264. Cutlers	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	1	...	1	...	...	...
267. Filers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
268. Edge Tool Grinders	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...
271. Press Workers and Stampers, Drawers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
279. Other Skilled Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
X.—MAKERS OF FOOD, DRINKS AND TOBACCO.																									
430. Slaughterhouse Workers	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
XI.—WORKERS IN WOOD, CANE AND CORK.																									
472. Carpenters, Joiners	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XIII.—MAKERS OF PRODUCTS NOT ELSEWHERE SPECIFIED.																									
559. Other Skilled Workers in Plastics Moulding, Manipulating, etc.	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...

TABLE XIV.—*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XIV.—WORKERS IN BUILDING AND CONTRACTING.																									
580. Foremen, Gangers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
582. Builders' Labourers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
583. Bricklayers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
598. Other Skilled Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
599. Other Workers (mainly Navvies)	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	1	...	...	...	...	...
XV.—PAINTERS AND DECORATORS.																									
600. Foremen, Overlookers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
609. Other Painters and Decorators ...	5	5	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	2	...	...	...	...	...
XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (not elsewhere specified).																									
611. Civil Service Executive and Higher Clerical Officers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
622. Managers in Engineering and Allied Trades	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...
624. Managers in Building and Contracting ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
629. Managers in Other Industrial Undertakings	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS.																									
631. Locomotive Engine Drivers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
634. Locomotive Running Shed Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
637. Shunters, Pointsmen and Level Crossing Men ...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
639. Porters (including Lampmen)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
657. Drivers of Buses and Coaches	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
658. Drivers of Other Self-propelled Passenger Vehicles	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
659. Drivers of Self-propelled Goods Vehicles	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
660. Lorry Drivers' Mates, Van Guards, etc....	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
702. Postmen, Post Office Sorters	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF).																									
710. Proprietors, Managers of Wholesale Businesses	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
713. Sales Managers (Manufacturer's)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Proprietors, Managers of Retail Businesses for the Sale of—																									
720. Grocery, Provisions ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
726. Confectionery, Tobacco, Newspapers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
728. General and Mixed Businesses	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
741. Roundsmen, Van Salesmen	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
753. Insurance Managers, Underwriters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
756. Auctioneers, Estate Agents, Appraisers, Valuers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...

TABLE XIV.—*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF).																									
765. Solicitors	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
799. Draughtsmen (not elsewhere specified)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
804. Laboratory Assistants, Technologists	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
814. Social Welfare Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XX.—PERSONS EMPLOYED IN DEFENCE SERVICES.																									
839. Civil Defence Services—Other Occupations	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE.																									
871. Hospital or Ward Orderlies, Attendants	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
875. Caretakers, Office Keepers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
882. Chefs, Cooks	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
885. Other Domestic Servants (indoors)	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
XXIII.—CLERKS, TYPISTS, ETC.																									
890. Clerks (not elsewhere specified)	6	5	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4	...	1	...	...	...	...	...
895. Costing, Estimating and Accounting Clerks	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLERS.																									
900. Warehousemen	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...
901. Storekeepers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC.																									
912. Crane Drivers	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	...	1	...	...	...
914. Slingers and Riggers	5	5	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	2	...	...	...	...	...
915. Boiler Firemen and Stokers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (not otherwise specified).																									
931. Machine Minders—Engineering and Allied Trades	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Labourers and Other Unskilled Workers in—																									
938. Coke Ovens and Gas Works	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
940. Metal Working, Engineering, Electrical and Allied Trades ...	27	27	...	...	...	...	...	...	...	...	...	...	...	1	...	6	...	15	...	2	...	3	...	...	...
950. All Other Industrial and Commercial Undertakings	10	10	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	3	...	3	...	...	...	...	...
XXVII.—OTHER AND UNDEFINED WORKERS.																									
965. Other Workers in Distribution of Gas, Water and Electricity	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
974. Other Civil Service Officials (not Clerks)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
990. No Occupation	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
999. DEPENDANTS	27	1	26	1	...	...	...	...	...	...	...	...	...	...	2	...	6	...	6	...	9	...	3	...	...
TOTALS	205	175	30	1	...	...	...	...	...	...	...	2	...	11	3	38	7	67	8	45	9	11	3	...	...

THE DECLINE OF TUBERCULOSIS MORTALITY IN CHILDREN IN SHEFFIELD *

By John Lorber, M.D.(Cantab.), M.R.C.P.
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In 1924, 82 Sheffield children under 15 years of age died of tuberculosis. In the following 10 years, the number of annual deaths was halved and in 1934 the number of deaths fell to 29. At this point the improvement was halted and between 1934 and 1947 no significant change occurred. The number of children who died of tuberculosis varied between 25 and 31 in the peace years, but rose higher in the war years and reached a peak of 39 in 1941. (See Table 1, which follows the text).

After 1947, there was a dramatic fall in the tuberculosis mortality in children. 18 children died each year in 1948 and 1949, 12 in 1950, 6 in 1951 and only 2 in 1952. (Table 1). The death-rate per 100,000 children under 15 years of age fell from 25 in 1947 to 1·8 in 1952, or 7 per cent. of the 1947 figure, representing a 14 fold reduction in five years.

This sharp decline in tuberculosis mortality in children far exceeded both the decline of the overall tuberculosis mortality at all ages and the decline of mortality of children from other causes.

During the period 1934 to 1945, child deaths from tuberculosis amounted to between 7·2 and 10·4 per cent. of all deaths from tuberculosis at all ages, the proportion showing a tendency to rise during the war years. In 1947, 8·8 per cent. of all the tuberculosis deaths in the City occurred in children, which was the same as the average in the three years preceding the war. (Table 2). After that time this proportion fell steadily and, in 1952, child deaths from tuberculosis only amounted to 1·6 per cent. During the same period adult deaths from tuberculosis only fell to 47 per cent. of the 1947 figure.

The importance of tuberculosis as a cause of death in children was particularly evident in the age group 1 to 15 years. In 1944, deaths from tuberculosis in this age group amounted to 21 per cent. of deaths from all causes, and in the first three post war years the average annual figure was still 16·8 per cent. (Table 3). In these years, tuberculosis was second only to accidents as a cause of death.

After 1947, child deaths from all causes between 1 and 15 years of age fell to one half but, whereas the number of deaths from all causes other than tuberculosis fell to three fifths, deaths from tuberculosis fell to one tenth, and accounted for only 3·5 per cent. of all deaths. (Table 3).

The tuberculosis death rate of Sheffield children was consistently higher than that of England and Wales up to and including 1950, but in 1951 the Sheffield rate fell to three fifths of the national rate, although Sheffield's adult tuberculosis mortality rate was still 12 per cent. above the national average. In England and Wales in 1951, 6 per cent. of all tuberculosis deaths occurred in children as compared with 3·4 per cent. in Sheffield. (Table 2). The tuberculosis mortality figures of children in England and Wales for 1952 are not yet available. If the Sheffield death rate of 1·8 per 100,000 applied to the whole country, a total of some 170 deaths could be expected. Information already available suggests, however, that this figure will be substantially exceeded and that Sheffield's rate will be about one third of the national rate.

The Causes of Decline of Tuberculosis Mortality in Sheffield.—Among the possible factors, which may have been responsible for this decline, were a change in the natural course of the disease which may have taken on a more benign form, the effect of favourable trends in the environment, the effect of more efficient treatment and finally, the effect of active measures to eradicate the disease. Unknown factors may also have played a part.

Changes in the natural history of the disease in a short space of five years could only be minimal and this factor need not be considered further.

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* This extract from the original paper by Dr. J. Lorber has been made by permission of the Editor of the *British Medical Journal* where the full paper will appear in due course. Dr. Lorber would also wish to acknowledge the assistance he has had from the University of Sheffield Research Fund, which provided the salary of a Research Assistant, who helped in the work.

Socio-economic Factors.—It is difficult to estimate the influence of the changes in the living standards of the population. There is no evidence, however, that in the last five years the standard of living has risen to any great extent. The diet of the community was remarkably constant and the level of employment was uniformly high, but the housing conditions were bad and showed only slight improvement. There was a great deal of overcrowding, and many families lived in condemned houses or in houses which would have been condemned long ago had it not been for the housing shortage. The Medical Officer of Health made great efforts in the last 28 years to provide adequate housing for families with a sputum positive member. Unfortunately, owing to the great shortage of houses, he was only able to secure the rehousing of those families with one or more open cases of tuberculosis, and in which there were small children, and in which there was overcrowding. The standards of epidemiological need had to be set very strictly, and even so, the rehousing of those most in need could often not be secured until after the children became infected. In the last seven years an annual average of 68 tuberculous families were rehoused. This rate of rehousing has slowed down in recent years. The figures suggest that this rehousing policy may have assisted in bringing down the annual number of deaths in children to the approximate level of 30, and its more recent role appears to have been the maintenance of this moderately low basic level, compared with that prevalent in the 1920's. There is no evidence that the recent rapid drop in mortality was due to this factor.

The Effect of Specific Treatment of Tuberculous Children.—The third possible factor in the reduction of mortality is the more efficient treatment of tuberculous children and adults since the introduction of streptomycin and other new drugs and methods of treatment. Treatment of infected children may directly save lives, while the treatment of infectious adults may prevent tuberculous infection in children.

Of these last two factors, the effect of treatment of the fatal forms of tuberculosis in children is much more obvious and it is relatively easy to assess its role quantitatively. The beginning of the recent fall in mortality coincided with the advent of streptomycin at the end of 1947. If one adds in each year the number of children who contracted tuberculous meningitis or miliary tuberculosis, but survived, to the annual deaths from tuberculosis, one obtains a close estimate of the minimum mortality which would have resulted without the use of streptomycin and the newer drugs. It is apparent that the number of deaths in 1945 to 1949 and in the last six years before the war would have been strikingly similar. The fall in deaths in 1948 and 1949 was, therefore, apparently largely due to the streptomycin treatment of children suffering from meningitis and miliary tuberculosis. The figures from 1950 onwards suggest, however, additional factors of equal or greater importance.

The Effect of Specific Treatment of Adults.—One of these possible factors is the earlier diagnosis and the more effective treatment of tuberculous adults with streptomycin and other methods. It is difficult to assess quantitatively the exact role of this factor. Streptomycin undoubtedly reduced the mortality of adults and rendered more infectious cases sputum negative more quickly, but it saved the lives of many advanced cases who live in a chronically sputum positive state to infect others, possibly with resistant organisms. The introduction of Mass Miniature Radiography helped to detect active cases of tuberculosis at a relatively early stage of the disease. By 1952, the tuberculosis mortality rate in adults in Sheffield fell to 56 per cent. of the 1947 figure. This reduction, however, was much less than that obtained in children.

It seems, therefore, that so far the more efficient treatment of adults played only a minor part in the reduction of child mortality in Sheffield. There is no doubt, however, that the ultimate eradication of tuberculosis in children will depend chiefly on the early diagnosis, quick segregation and effective treatment of tuberculosis in adults, just as the prevention of tuberculosis in children will contribute to the disappearance of tuberculosis in adults.

Preventive Measures.—Finally, we must consider the effect of preventive measures. Up till 1949, there were very few facilities available for segregation of children living in tuberculous households. Perhaps the incentive to create such facilities was small, and the difficulties were great, for without protective vaccination, such segregation would usually have been necessary for an indefinite period. In the course of an investigation of the contact history of 150 cases of tuberculous meningitis and miliary tuberculosis, it was suggested that a great deal more could be done to prevent tuberculosis in children and to diagnose tuberculosis earlier in those who had already contracted the disease. Early diagnosis of meningitis and of miliary tuberculosis promised a considerable saving of lives, especially in children under 3 years of age. Over one third of our cases of tuberculous meningitis belonged to this group, and diagnosis was more often delayed in babies than in older children.

The Work of a Contact Clinic for Babies and Small Children.—In 1949, by agreement with Dr. Midgley Turner, the Consultant Chest Physician, a contact clinic for the younger age group (in which the mortality from tuberculosis was highest) was opened at the Children's Hospital. A careful survey was made of the nature of the contact and the health visitors were used in following up the contacts. The organisation of the clinic was as follows. The parents were sent a preliminary letter asking them to bring their child for examination at the Children's Hospital and giving the reason for this. They were also informed that a health visitor would call on them four days before their hospital appointment to explain the position in more detail and to apply a skin test. These arrangements were set in motion immediately we received a notification, so that all children were offered an appointment within a week. The health visitor then applied the tuberculin jelly test and gave appropriate instructions. She also visited, as often as necessary, all those who failed to keep their appointments. A Research Assistant was appointed in 1952 to help with the work, and she called at the houses of persistent absentees so that no child should miss a medical examination and so that continuity of supervision should be ensured. The family doctor was fully informed of the circumstances of the child's attendance, and told about our findings. We discussed with him our plans for the child's management, and told him about subsequent developments. In the case of tuberculous children, he was reminded of the possible serious significance of relatively trivial symptoms, which might mean the beginning of meningitis.

The first clinic was held in July, 1949. At first it was held once weekly, but subsequently four sessions a week became necessary owing to the rapidly increasing attendances.

Up to the end of 1952, some 550 young children attended the clinic. Broadly speaking, they fell into three categories. The largest group was comprised of healthy, tuberculin negative children. The next largest group consisted of those with symptomless primary tuberculosis, and the smallest group were tuberculous children with symptoms.

In the case of tuberculin negative infants, importance was attached to the instruction of parents in the methods of preventing infection when contact was inevitable. The possibility of immediate separation from contact was explored and separation could usually be arranged. The index case was often already in Sanatorium or was just about to be admitted. In other cases permanent separation was possible without breaking up the family. In yet others, temporary separation could be arranged with their own relations. If this were not possible, the infants were admitted to a small private nursery. The cost of this was borne by the Public Health Authority.

The clinic was already well established when B.C.G. became available, and vaccinations started on the first possible day, on the 6th of October, 1949. By the end of 1952, we had vaccinated over 300 tuberculin negative infants, including those infants born at the Jessop Hospital for Women who were in potential future contact with known cases of tuberculosis. These latter were given B.C.G. soon after birth. Babies born of tuberculous mothers at the Hospitals of the Regional Board were vaccinated by the Chest Physician, as were most older children. Up to the end of 1952, 1,164 Sheffield children had been vaccinated, a relatively small number, representing 1 per cent. of Sheffield's child population of 110,000.

Separation from contact from active cases of tuberculosis was insisted upon for at least six weeks before vaccination and again until tuberculin conversion had taken place, usually another six weeks. Separation is important if B.C.G. vaccination is not to fall into disrepute.

104 babies and small children, or less than one fifth of the total who attended, were already tuberculin positive either at their first visit or converted spontaneously before protective measures could be taken. The management of these children was strictly conservative. Once they were infected it was not considered necessary to separate them from contact. They were cared for throughout as out-patients, unless illness or social reasons necessitated temporary admission to

hospital. Everything possible was done to ensure the children's adequate nutrition, vitamin intake and home care, and the Lady Almoner of the Children's Hospital provided financial help, bedding and other services. When it was felt to be safe, usually after one year of observation, the children were sent away for long holidays by the seaside or in the country. Streptomycin was not used, except in those who developed tuberculous meningitis or miliary tuberculosis, and the results appear to justify this policy. In spite of the very young age at which these babies contracted tuberculosis, only a single child died of tuberculosis in three and a half years.

The Effect of Earlier Diagnosis of Tuberculous Meningitis.—Six other babies with primary tuberculosis who attended the clinic developed tuberculous meningitis while under observation. All were diagnosed within 24 hours of their first symptoms and all made a good recovery with streptomycin treatment. One of them, a year old baby, never had a day's illness. At his first visit, a positive tuberculin test was found and X-ray of his chest showed miliary tuberculosis. As a matter of routine the C.S.F. was examined and was found to have the characteristic features of tuberculous meningitis. Treatment was started before he had any symptoms and he made an uneventful recovery. Another child developed miliary tuberculosis and is making satisfactory progress.

Discussion.—Even if streptomycin had not been available for the treatment of tuberculous meningitis and miliary tuberculosis and all ten Sheffield children who in 1952 developed these conditions had died, the death-rate would have been only 9 per 100,000 compared with a rate of 25 in 1947. This hypothetical death-rate is almost the same as was the actual death-rate in the whole of Scotland in 1952 and in England and Wales in 1951. These figures indicate the progress of the preventive aspects of the work in the last few years. Between 1947 and 1950, the rate of reduction of child mortality from tuberculosis was very similar in England and Wales and in Scotland. Since then, the rate of reduction slowed down elsewhere, but in Sheffield it was accelerated.

Unfortunately, it is impossible to obtain accurate figures of tuberculosis morbidity in children because of the vagaries of notifications. It is not possible to compare morbidity figures in different parts of the country on the basis of notification figures, as standards of notification differ from place to place and time to time.

It is not possible to state just how much each measure contributed to the fall in tuberculosis mortality in Sheffield children. It is possible that B.C.G. vaccination of susceptible contacts was an important factor. If this were so, it is of interest that such a relatively small number of vaccinations, involving only 1 per cent. of the child population in three and a half years, could be so effective. These findings suggest that, by the earliest possible examination of susceptible child contacts, their quick segregation and subsequent vaccination, further reduction of morbidity and mortality can be anticipated, and that mass B.C.G. vaccination is not necessary under the conditions prevailing in this country at present.

Dealing with such a small number of deaths, it is possible that there might be slight fluctuations in future years for the worse or for the better, bearing in mind the relatively large number of children in the community who are already infected with tuberculosis and the much larger number of tuberculous adults, many of whom are not even known cases. For this reason, it would be unwise to attach too much importance to the specially low figures obtained in 1952, unless they are regularly repeated or even improved upon in subsequent years. Nevertheless, the trend of mortality has been so consistently downward in the last five years that, subject to increasing vigilance, one may reasonably hope for further progress in this sphere. A careful examination of the local situation leads one to conclude that complete eradication of tuberculosis mortality in children is possible, and indeed likely in the near future, and that any deterioration could only be the direct result of relaxation of our efforts.

Our aim must be the prevention and not the cure of various forms of tuberculosis, and there is much yet to be done in this field. In our experience, the first and basic necessity is an acquisition of a sense of urgency by all those who deal with any aspect of tuberculosis. This is a difficult task when confronted with a disease which is always with us and the progress of which is usually measured in months, and not days. A few weeks' delay in contact examination and in the arrangements of the segregation of infectious cases may greatly diminish the efficiency of the preventive services and of a B.C.G. vaccination programme, because the contacts of the most infectious cases will already have contracted tuberculosis before adequate steps can be taken to protect them. Complacency is our greatest enemy.

With reasonably early diagnosis of tuberculous meningitis and of miliary tuberculosis and with adequate treatment, most patients should now be saved. Of 20 patients suffering from tuberculous meningitis who were admitted from a wide area to the Department of Child Health during 1951 and who were conscious on admission, 18 survived, with a minimum period of observation of 18 months. No child has died out of 14 cases of uncomplicated miliary tuberculosis under our care after 1947. These conditions must be treated as medical emergencies and investigations to establish the diagnosis should not take more than a few hours.

Lack of hospital beds, and shortage of nurses for the care of tuberculous adults, are only part of the trouble which requires urgent remedies on a national level. Case finding methods could be further intensified. In this respect it is regrettable that a positive tuberculin reaction in a small child is not admissible for notification, if this is the only evidence of his disease. This regulation deprives the Chest Physician of an excellent case finding method. Contact examinations should be extended beyond the immediate household.

Education of the general public and of tuberculous patients is still far from adequate, and there is much complacency regarding the supposed lack of infectivity of " sputum negative " cases. It is only in the application of the fundamental principles of tuberculosis control that the eventual eradication of this disease will be possible. Meanwhile, the judicious use of B.C.G. for susceptible contacts and the skilful treatment of tuberculous children should lead to the elimination of deaths from tuberculosis in children.

Increasing co-operation between the pædiatric services, Chest Physicians and the Public Health Authorities in all parts of the country, and a sense of urgency in dealing with the problem, will add tuberculosis to the increasing list of conquered enemies, like typhoid and diphtheria.

Summary.—The tuberculosis mortality figures of Sheffield children have been presented for the last 30 years. The number of annual deaths did not fall between 1934 and 1947, but after that the death-rate fell 14 fold in five years, from 25 in 1947 to 1·8 per 100,000 in 1952. In 1952, only two Sheffield children died of tuberculosis.

The possible causes for the recent rapid improvement in Sheffield have been discussed and analysed. It has been shown that the successful treatment of otherwise fatal forms of tuberculosis in children since streptomycin became available has been responsible for this improvement up to and including 1949. Since 1950 preventive measures, namely intensified contact examinations and B.C.G. vaccination of children in tuberculous families and households, have been shown to be as important as streptomycin treatment in the progressive reduction in mortality. In this connection the work of a Tuberculosis Contact Clinic for small children has been outlined. This clinic was established at the Children's Hospital in 1949.

It has been shown that the better treatment of tuberculosis in adults in more recent years has had so far relatively little effect on child mortality.

Further reduction of tuberculosis morbidity and eradication of tuberculous mortality is considered to be possible with increasing effort and vigilance. The fundamental methods of tuberculosis control, assisted by B.C.G. vaccination and the effective chemotherapy of the otherwise fatal forms of tuberculosis in children, should quickly lead to the elimination of deaths from tuberculosis in children.

TABLE 1.—*Annual Number of Deaths from Tuberculosis in Children* (0—15 *years*) *in Sheffield,* 1924-1952.

Year	Number of Deaths	Year	Number of Deaths	Year	Number of Deaths
1924	82	1934	29	1944	37
1925	72	1935	28	1945	26
1926	80	1936	28	1946	25
1927	81	1937	31	1947	26
1928	71	1938	31	1948	18
1929	58	1939	35	1949	18
1930	53	1940	35	1950	12
1931	40	1941	39	1951	6
1932	44	1942	30	1952	2
1933	38	1943	38		

Table 2.—*Annual Deaths from Tuberculosis at All Ages and in Children Under* 15 *years of Age. Proportion of Child Deaths in Relation to All Deaths from Tuberculosis. England and Wales and Sheffield.*

YEAR	ENGLAND AND WALES—ANNUAL DEATHS			SHEFFIELD—ANNUAL DEATHS		
	All Ages	Children 0—15 years	Percentage of Child deaths to all deaths	All Ages	Children 0—15 years	Percentage of Child deaths to all deaths
*1934–36	28,693	2,904	10·4	385	28	7·2
*1937–39	26,297	2,311	8·5	361	32	8·8
*1940–42	27,096	2,527	9·0	371	35	9·4
*1943–45	24,243	2,198	9·0	325	34	10·4
1946	23,388	1,914	8·2	301	25	8·3
1947	23,075	1,955	8·4	294	26	8·8
1948	21,605	1,562	7·2	255	18	7·0
1949	19,721	1,148	5·8	264	18	6·8
1950	15,969	909	5·7	189	12	6·4
1951	13,806	831	6·0	181	6	3·4
1952	10,567	—	—	127	2	1·6

* Triennial figures are averages annually.

TABLE 3.—*Annual Number of Deaths* (1—15 *years) from Tuberculosis and All Causes. England and Wales and Sheffield,* 1947—1952.

Year	Deaths from Tuberculosis		Deaths from all other causes		Total Deaths		Percentage of Tuberculosis Deaths to Total Deaths	
	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield
1944	1,803	32	11,672	120	13,475	152	13·3	21·0
*1945–47	1,716	22	9,084	109	10,800	131	15·9	16·8
1948	1,316	17	7,537	100	8,853	117	14·9	14·5
1949	985	17	7,287	97	8,272	114	11·9	14·9
1950	785	10	6,203	62	6,988	72	11·2	13·9
1951	732	6	6,500	62	7,232	68	10·1	8·8
1952	—	2	—	54	—	56	—	3·5

* Triennial figures are averages annually.

TABLE 4.—*Some Outstanding Selected Tuberculosis Death Rates per* 100,000 *Children Under* 15 *years Abroad.*

Year	United States	Minnesota	Norway	Sweden	Denmark	Copenhagen	Stockholm
1930	17·9	13·2	51·7	19·8	36·4	—	—
1935	11·4	7·1	34·0	36·1	24·8	—	—
1939	9·2	3·6	24·2	21·8	10·8	—	—
1945	5·7	4·5	16·3	15·7	9·7	—	—
1949	3·9	1·3	8·1	2·8	3·6	5·4	1·0
1950	3·6	—	5·4	2·3	2·2	2·3	1·0
1951	2·5	—	4·3	—	1·8	2·4	0·0
1952	—	0·9	—	—	0·9	0·0	0·0

TABLE 5.—*Number of Children* (0—15 *years) who Died of Tuberculosis and who were Successfully Treated for Fatal Forms of Tuberculosis. Sheffield,* 1934 *and* 1945—1952.

Year	Number who died (1)	Number successfully treated (2)	Total (1 + 2)
1934	29	—	29
1945	26	—	26
1946	25	S.M. —	25
1947	26	2	28
1948	18	5	23
1949	18	B.C.G. 7	25
1950	12	2	14
1951	6	10	16
1952	2	8	10

ACUTE RHEUMATISM REGULATIONS, 1947 AND 1950.

by William Fielding, M.D., B.Sc., D.P.H.

The notification of cases of acute rheumatism, as defined by the Regulations, in children below the age of 16 years, has continued during the year. The same arrangements have continued for the specialist examination and classification of cases, and recommendations for after-care have been carried out as far as possible in co-operation with the Education Department.

TABLE XV.—*Notifications of Acute Rheumatism in Sheffield,* 1947–52.

1947 (from Oct. 1st)	1948	1949	1950	1951	1952	Total
71 (65)	143 (116)	52 (44)	91 (72)	30 (27)	39 (31)	426 (355)

(Figures in brackets represent number confirmed out of the total notifications).

In previous years enquiries have been made into the medico-social background of all notified cases, but on the recommendation of the Acute Rheumatism Committee of the Royal College of Physicians, these enquiries have been abandoned as the results of previous investigations had failed to show any clear cut evidence that the incidence of acute rheumatism was related to social standards. It is encouraging to find that the reduction in notifications during 1951 has been almost maintained, and quite apart from the fewer cases that have occurred during the last two years, the earlier recognition of the disease, the adequate treatment and particularly the after-care that has accompanied notification, should be of the greatest value in reducing the number of cardiac cripples in the later age groups.

A detailed classification of the notified cases follows :—

TABLE XVI.—*Tabulation by Sex, Age and Clinical Classification of Cases notified as Acute Rheumatism in the year* 1952.

Clinical Classification of Case notified	Age in Years								Total all ages		Total both sexes
	0—4		5—9		10—14		15+				
	M	F	M	F	M	F	M	F	M	F	
I. Rheumatic pains and/or Arthritis without heart disease	—	—	—	1	7	3	—	—	7	4	11
II. Rheumatic Heart Disease (active)—											
(*a*) with polyarthritis ...	2	—	2	3	1	4	1	1	6	8	14
(*b*) with chorea	—	—	—	1	—	1	—	—	—	2	2
(*c*) with no other rheumatic manifestations...	—	—	1	1	—	—	—	—	1	1	2
III. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
IV. Rheumatic Chorea (alone)	—	—	—	—	2	—	—	—	2	—	2
Total Rheumatic Cases ...	2	—	3	6	10	8	1	1	16	15	31
V. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
VI. Other non-rheumatic heart disease or disorder...	—	—	—	—	—	—	—	—	—	—	—
VII. Not rheumatic or cardiac disease	—	—	1	2	1	4	—	—	2	6	8
Total Non-Rheumatic Cases	—	—	1	2	1	4	—	—	2	6	8

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

In the administration of the Maternity and Child Welfare Services there were three principal Municipal clinics at 31st December, 1952, these being the City Maternity and Child Welfare Centre at Orchard Place and the Firth Park and Manor Centres. At the end of the year, there were also 17 subsidiary Centres located at suitable points so that, as far as was practicable, they covered the extent of the City.

The total number of children under five years of age attending the various clinics in 1952 was 16,692, as compared with 18,738 in 1951. Details of attendances at the various clinics are shown in the appropriate section of the report.

An aggregate of 5,702 women attended during the year at the ante-natal clinics provided at these Maternity and Child Welfare Centres. This compares with an aggregate of 5,827 in 1951.

There are also ante-natal clinics at the City General and Nether Edge Hospitals administered by the Regional Hospital Board. When arrangements have been made for an expectant mother to have her confinement in the City General Hospital, her records are transferred to the ante-natal clinic there about the 34th week of pregnancy, and her continued ante-natal care is the responsibility of the medical staff at the Hospital. In certain cases, where there is medical or obstetrical abnormality present requiring ante-natal treatment, the patient is transferred to the City General Hospital early in pregnancy. The Hospital and the Maternity and Child Welfare Centre work together as a unit in the care of expectant mothers, and cases defaulting in attendance at the hospital or for some reason requiring to be followed up are referred back to the Centre. The 1952 figures of attendances at the Council's clinics included 1,237 women whose confinements were arranged to take place in the City General Hospital, as compared with 1,333 women during 1951. There were 16 patients transferred to Nether Edge Hospital for ante-natal supervision for teaching purposes. In addition there is an ante-natal clinic at the Jessop Hospital for Women.

There is a great demand for hospital confinement on account of the facilities provided in hospital as compared with the difficulties of having confinement at home, especially when living in rooms, and the difficulty of getting a relative or friend to assist in the home during the puerperium.

Patients who arrange for home confinement and engage the services of a Municipal Midwife continue attendance at one of the Corporation ante-natal clinics. In each case, the midwife is furnished with a copy of the patient's ante-natal notes following her clinic medical examination, and, on each subsequent visit, a report on the patient's progress is forwarded to the midwife. After the confinement, the midwife returns the patient's notes to the Centre, together with a report on the condition of mother and baby at the confinement and during the puerperium. This information is of value to the clinic on the re-attendance of a patient in subsequent pregnancies. In order that the midwives should take an active part in the ante-natal care of their own cases, they have attended ante-natal sessions throughout the year, and patients have been requested to attend sessions at which the midwife booked is in attendance.

Many expectant mothers are sent to the clinic by their registered medical practitioners for ante-natal supervision, and co-operation between the medical practitioner and the clinic is maintained by informing him, or referring the case to him, when any of his patients develop abnormalities, such as toxæmia of pregnancy, pyelitis of pregnancy, breech presentation, multiple pregnancies, or non-satisfactory engagement of head in the pelvis. The medical practitioner is informed of all cases where the patient has a Rhesus negative report, and since October, in addition, he has been informed of all Rhesus positive cases ; he is also supplied with reports in certain other Rhesus abnormalities. It is the intention to integrate the whole of the aspects of Care of the Mother into the best arrangement so as to give the maximum assistance to the mother and the midwife or doctor who is responsible for the actual confinement.

The following statement, which has been furnished by the Sheffield Regional Hospital Board, gives information with regard to confinements of Sheffield women which took place in 1952 in the Maternity Hospitals which have been transferred from the administration of the City Council to that of the Board. Information is also included which has been furnished by the Jessop Hospital.

Year 1952	City General Hospital	Nether Edge Hospital	Jessop Hospital for Women
Number of women whose confinements took place in the hospital.. ..	1,588	890	1,216
Number of live births resulting from these confinements	1,574	893	1,193
Number of still births resulting from these confinements	53	11	58

NOTIFICATION OF BIRTHS.

Compulsory notification of births is a requirement under the Public Health Act, 1936. Notifications of 7,454 live births and 178 still births, making a total of 7,632 births, were received in the year 1952. These births were attended as follows :—

At Home—		
By Private Medical Practitioners	1,542	
By Midwives	1,553	
		3,095
In Nursing Homes		302
In Hospitals—		
City General Maternity Hospital	1,694	
Nether Edge Maternity Hospital	944	
Jessop Hospital for Women	1,596	
Royal Infirmary	1	
		4,235
		7,632

It should be explained that the obligation to notify applies to all births occurring in the City, whether amongst Sheffield residents or otherwise, and that the foregoing figures, therefore, contain a certain proportion of births relating to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

During the year there has been a slight fall in the birth rate, the number of notified births in 1952 being 7,632 as compared with 7,804 in 1951. Since the National Health Service came into being there has been a growing tendency for expectant mothers to engage their own medical practitioners for confinement, and although there is a decrease in the number of births, the medical practitioners have maintained their numbers. It is now possible for each confinement to be undertaken or supervised by a doctor free of charge. This is a matter which has been felt to be desirable for many years, and it is the aim of the ante-natal clinic to reinforce and assist the doctor to give the maximum care to the mother.

MATERNITY CLINICS.

By Ann Kirk Black, m.b., ch.b.

Senior Assistant Maternity and Child Welfare Medical Officer.

Ante-natal Clinics.—Ante-natal sessions are held at twelve of the Maternity and Child Welfare Centres and, during the year, 2,143 sessions were held and patients made 35,268 attendances (giving an average of 16·5 per session), as compared with 34,739 in 1951. A total of 4,429 women attended for the first time, as compared with 4,508 in 1951.

Expectant mothers attending the clinics may need admission to the maternity units at the City General and Nether Edge Hospitals, in accordance with arrangements made with the Sheffield Regional Hospital Board. First priority is given to patients who require admission on medical and obstetric grounds ; consideration is then given to patients for whom admission is requested on sociological grounds. The Health Visitors and Midwives give assistance in the determination of need for hospital treatment on sociological grounds by visiting the homes, and reporting on the suitability of the house for confinement arrangements. There is close association between the two hospitals and the Council's ante-natal clinics with regard to the admission of patients, both for treatment of ante-natal conditions which arise while patients are under the care of the clinic, and for confinement.

Many of the expectant mothers request the services of a Municipal Midwife who attends either in the capacity of midwife or maternity nurse. Where she attends as midwife her duty is to carry through the confinement herself unless she has need to call a medical practitioner because of abnormalities arising in connection with the confinement, as set out in the rules of the Central Midwives' Board. If the midwife is engaged as maternity nurse she acts under the direction of the medical practitioner engaged, and he is responsible for the case. In 1952 there were 1,589 cases delivered by the Municipal Midwives in the capacity of midwife as against 1,693 in 1951 ; and 1,254 patients were attended as maternity nurse cases as against 1,218 in 1951. Details are given, in the section of the report dealing with midwives, regarding engagement of Municipal Midwives and also of their work.

It has been the practice, at the Maternity and Child Welfare Centre ante-natal clinics, for a Health Visitor to be in attendance with the Medical Officer at the examination of patients, but, in order to give the Municipal Midwives all the experience possible in ante-natal work, the midwives attend ante-natal sessions, in rota, in the afternoons, in place of Health Visitors. It is only possible to arrange for attendance in the afternoons as the midwives are out visiting their cases in the mornings. This scheme is working well and should prove of value as an additional link between the district midwife, the clinic and the patient.

Ante-natal patients attending the clinic are always under the supervision of a doctor.

The figures below show attendances at the various Centres, and include certain cases later transferred to the ante-natal clinics at the City General and Nether Edge Hospitals.

Attendances at Ante-Natal Clinics.

Centre	Total New Cases	Total Attendances of all Cases	† No. of Sessions	Average Attendances per Session
Orchard Place	3,722	14,083	776	18
Firth Park	346	3,613	237	15
Manor	361	4,809	305	16
Woodhouse	—	248	51	5
Carbrook	—	1,907	156	12
Abbeydale	—	1,368	102	13
Hillsborough	—	3,403	194	18
Tinsley	—	290	47	6
Darnall	—	1,898	87	22
Burngreave	—	2,010	98	21
Wybourn	—	1,099	51	22
Broomhill	—	540	39	14
Totals	4,429	35,268	2,143	16·5

† In certain instances these are part sessions only, relating to combined ante-natal and infant welfare clinics.

Comparative figures of new cases and attendances at the ante-natal clinics at the Maternity and Child Welfare Centres during the last five years are given in the following statement :—

Year.	New Cases.	Total Attendances of all Cases.
1948	6,041	49,405
1949	4,964	37,494
1950	4,420	32,552
1951	4,508	34,739
1952	4,429	35,268

Post-natal Clinics.—During the year every effort has been made to encourage mothers to attend the post-natal clinics. Patients leaving Nether Edge Hospital after confinement are given information as to the days and times of the clinics held at the Maternity and Child Welfare Centres, and advised regarding the value of post-natal examination six weeks after the confinement. The midwives also invite their patients to attend one of these clinics for examination. The attendances in 1952 were 1,669, which is an increase over the previous year, the attendances for 1951 being 1,618. Patients delivered in the City General Hospital receive their post-natal supervision at the Hospital. Medical practitioners are now required to give this service to their patients about the sixth week after confinement.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1952 :—

ATTENDANCES AT POST-NATAL CLINICS.

Centre	Total New Cases	Total Attendances of all Cases	No. of Sessions
Orchard Place	725	1,068	117
Firth Park	136	173	87
Manor	323	428	108
TOTALS	1,184	1,669	312

Birth Control Clinics.—57 new cases attended the Birth Control Clinics during the year, and 111 attendances were made.

Laboratory Tests.—It is part of the routine work of the ante-natal clinics to take samples of blood from all patients for the Wassermann and Rhesus tests.

Wassermann tests are carried out at the Public Health Laboratory, and, during the year, 4,445 specimens were examined. In addition, 32 Kahn tests were carried out. There were 10 new cases of expectant mothers with a positive Wassermann result, as compared with 8 in 1951. When an expectant mother was found to have a positive WR and Kahn reaction she was referred to the special clinic at the City General Hospital under the care of Dr. Campbell, the Venerealogist, for confirmation and treatment if required. This arrangement has been in operation since October, 1951, and prior to this date patients were referred to the City General Hospital ante-natal clinic for treatment.

The Rhesus Factor.—Everyone belongs to one of the four blood groups, namely : A, B, O or AB, and this is due to the presence of certain substances in the red blood cells. In addition, there is another substance, known as the Rhesus Factor, which is found in the red blood cells of approximately 85 of every 100 persons of each blood group. Such people are said to be Rhesus positive, while the remaining 15 persons are described as Rhesus negative.

The existence of the Rhesus factor in the blood was first discovered in 1941. These factors are inherited from parents in a similar manner to the inheritance of the colour of the eyes and hair.

When a mother requires blood transfusion, it is essential that compatible blood be given—which means that the blood donor must be of the same blood group and Rhesus type as the mother.

The Rhesus factor is of importance in midwifery. If the mother and father are both Rhesus negative, any child born can only be Rhesus negative and no difficulty arises. If the mother is Rhesus positive and the father is Rhesus negative, then the child suffers no ill effect ; but, if the mother is Rhesus negative and the father Rhesus positive, the child may be Rhesus positive, and difficulty may occur. The effect in this case is that incompatible substances may be manufactured by the mother, because of the action of the Rhesus positive factor in the blood of the fætus, and these incompatible substances may then pass from the mother to the child and destroy the child's blood corpuscles—giving rise to a very severe type of anæmia and dropsy in the baby.

A similar type of difficulty may arise if a Rhesus negative mother is transfused with Rhesus positive blood. The resulting antibodies may affect a child of a subsequent pregnancy.

When a " Rhesus baby " is born and is found to be suffering from anæmia or jaundice, an exchange transfusion of blood is given ; a measured volume of blood is drained from the cord and immediately replaced with Rhesus negative blood obtained from a Rhesus negative blood donor.

During the year 1952 there were 3,498 specimens of blood sent from the ante-natal clinics to the National Blood Transfusion Laboratory for the ascertainment of the Rhesus factor. These samples were mostly from expectant mothers, but in a number of negative cases a sample was sent from the husband, and, in a few special cases, from various members of the family, for research purposes.

In multiparous cases with a negative Rhesus factor, a further sample is required by the Blood Transfusion Laboratory at about the 32nd week of pregnancy, and, in a number of these cases, another sample is required from mother and baby on delivery. The district midwives have received instructions in the collection of these samples during attendance at confinement.

All expectant mothers are supplied with cards showing their blood grouping and Rhesus factor so that, on admission to hospital at any time, they can supply the hospital with information which would be of value in case of need for blood transfusion.

There were 689 Rhesus negative reports on patients who were due for confinement in 1952 and who, at some time during their pregnancy, had attended the ante-natal clinic. 28 of these Rhesus negative cases (or 4·1 per cent.) had an antibody present which necessitated hospital confinement on account of the possibility of the baby suffering from hæmolytic disease of the newborn. 25 of these patients had normal confinement, one had a Cæsarean section, one had a miscarriage and one left the City so that we were unable to ascertain the result. 23 of the 25 mothers had full-time confinements and two had premature confinements. There were 24 children born alive and two were stillborn. Of the 24 children born alive, two died of hæmolytic disease of the newborn. Of the 22 remaining children, 8 received an exchange blood transfusion and the condition of the other 14 was satisfactory and blood transfusion was not required. All 22 children were discharged well.

Miscellaneous Tests.—The Public Health Laboratory carried out further tests as required in connection with clinic work relating to the care of mother or child, namely : examination of 60 swabs and samples (ear, nose, throat, etc.) and 8 smears (cervix and urethra) ; also 68 specimens of urine were examined for organisms.

The Hogben test is carried out at the Public Health Laboratories and 31 specimens of urine during early pregnancy were sent from expectant mothers to test frogs for activity. This test has been used as well as the Zondek Ascheim test in cases of doubtful pregnancy. The advantage of the Hogben test is that it is much quicker, the result being available in a few days as compared with a fortnight for the Zondek Ascheim report.

The Laboratory at the Firth Auxiliary Hospital, Norton, carried out 48 Zondek Ascheim tests for ascertainment of pregnancy.

There were 295 tests carried out at the City General Laboratories in respect of patients sent from the Centres for blood count and hæmoglobin estimation.

Maternity Patients and Hospital Treatment.—In addition to patients sent to the City General and Nether Edge Maternity Hospitals for ante-natal treatment when necessary, and for confinement, one patient was referred from the Maternity and Child Welfare Centres to the Royal

Infirmary for investigation, and 341 to the City General Hospital or Nether Edge Hospital for X-ray examination. There were also 266 who were sent from the Centres for dental treatment, the majority to the School Dental Clinic under arrangements between the Health and Education Committees, but, in emergency, a few to the Royal Hospital Dental Clinic. 89 expectant and nursing mothers were referred to their private medical practitioners for treatment.

There were 210 expectant mothers referred to the Chest Clinic for examination and X-ray. Of the mothers delivered in 1952, there were 14 cases of positive tuberculosis of the lung, 32 cases of negative or quiescent tuberculosis of the lung, and 34 who were in contact with a relative suffering from positive tuberculosis. The 46 positive and negative mothers had 43 normal confinements resulting in 43 babies born alive, of which number two died ; 31 of these children received B.C.G. vaccination. Of the 34 mothers who were in contact with a case of tuberculosis, 21 children were given B.C.G. vaccination.

Medical Supervision of Children in the Homes.—A Medical Officer from the Maternity and Child Welfare Centre visits Homes which are under the control of the Children's Department, for the purpose of medical inspection of the children. Visits are paid weekly to the Fulwood Cottage Homes, The Grove Reception Centre and The Moss Residential Nursery at Dore, and monthly visits are paid to Thornseat Lodge, Bradfield. All children under five years of age receive a medical examination every three months, and on each visit to the Homes the Medical Officer examines all children admitted since her previous visit.

The Children's Department refers all cases of young children boarded-out to foster parents in the city to the Medical Officer at the Maternity and Child Welfare Centre, who arranges for the children to attend the Centre every six months for medical supervision and encourages regular attendance at the clinics.

Special Certificates for Expectant Mothers.—During the year 1952, the supply of certificates to enable expectant mothers to obtain the priorities ration book was continued.

INFANT WELFARE CLINICS.

At the present time, there are 20 Maternity and Child Welfare Centres operating in the city. The three main Centres are :—the Central Clinic, Orchard Place ; the Firth Park Centre, North Quadrant ; and the Manor Centre, Ridgeway Road. The remaining 17 Centres are improvised premises, nine of which are in Church buildings, two are accommodated in the City Libraries at Hillsborough and Walkley, two share premises with Nursing Associations and one with a Youth Centre, one is in rooms rented from a Co-operative Society, one is a house belonging to the Corporation, which has been adapted for clinic purposes, and the remaining clinic is held in a Toc H Centre.

The days and times of opening are as follows :—

Centre.	Clinic Days and Times.	Services provided.
Orchard Place	Daily 9 a.m. and 1.30 p.m. (except Saturday afternoon)	Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments and Ear clinics. Sunray and Massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics.
Firth Park	Do.	Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments and Ear clinics. Sunray and massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal and post-natal clinics.
Manor	Do.	Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments and Ear clinics. Sunray and massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics.

Centre.	Clinic Days and Times.	Services provided.
Hillsborough	Monday 2 p.m. Tuesday Thursday } 9.30 a.m. and 2 p.m. Friday 2 p.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria Immunisation sessions. Ante-natal clinics.
Carbrook	Wednesday 9.30 a.m. and 2 p.m. Friday 9.30 a.m.	Do.
Abbeydale	Monday Wednesday Friday } 2 p.m.	Do.
Woodhouse	Tuesday Thursday } 2 p.m.	Do.
Tinsley	Tuesday 2 p.m.	Do.
Darnall	Monday 9.30 a.m. and 2 p.m. Thursday Friday } 2 p.m.	Do.
Wybourn	Tuesday Wednesday } 2 p.m.	Do.
Burngreave	Monday 9.30 a.m. Tuesday 2 p.m. Thursday 9.30 a.m. and 2 p.m.	Do.
Broomhill	Tuesday and Wednesday 2 p.m. Thursday 9.30 a.m. and 2 p.m.	Do.
Walkley	Monday Wednesday Friday } 2 p.m.	Infant Consultations. Medical Inspection of pre-school Children. Diphtheria Immunisation sessions.
Handsworth	Tuesday Friday } 2 p.m.	Do.
Chantrey	Wednesday 9.30 a.m. and 2 p.m.	Do.
Totley	Thursday 2 p.m.	Do.
Endcliffe	Tuesday 9.30 a.m. and 2 p.m. Friday 2 p.m.	Do.
Wordsworth Drive	Monday 9.30 a.m. Wednesday 9.30 a.m. and 2 p.m.	Do.
Dore	Thursday 9.30 a.m. (alternate weeks)	Do.
Greenhill	Monday 2 p.m.	Do.

Infant consultations are held whenever the clinics are open, except on Saturday mornings ; diphtheria immunisation is also carried out whenever the clinics are open, including Saturday mornings. Sessions for the other services are held on appropriate days and times.

At the infant clinics, every baby is seen by the doctor on the first attendance. At several of the centres there is a doctor in attendance at the ante-natal session and a health visitor at the infant session, and the health visitor refers to the doctor all babies attending for the first time and any who are not making satisfactory progress. The other children attending the health visitor's session are seen by the doctor periodically.

At the centres where there is no ante-natal session, a doctor is in attendance for the supervision of the babies.

Attendances at Infant Clinics.—During the year various sessions have been held at the Infant Welfare Centres, *e.g.*, Infant consultations, at which doctors and health visitors are in attendance ; sessions for minor ailments, and for the administration of ultra violet light to children referred from the infant clinics ; medical inspection clinics for pre-school children, which are popular with the mothers ; medical inspection of children from the Health Committee's day nurseries during or following periods of exclusion from the nurseries owing to an infectious condition. In addition to child welfare sessions, Dr. E. G. Herzog, Orthopædic Specialist and Superintendent of King Edward VII Hospital, who is in the service of the Sheffield Regional Hospital Board, holds sessions for orthopædic consultations and treatment at the three main Centres, namely, Orchard Place, Firth Park and Manor Centres.

The total attendances at the Infant Welfare clinics during 1952 were 107,458, and the figure is made up as follows :—

	Attendances.
Infant Consultations	71,006
Minor Ailments and Ultra Violet Light Sessions	23,618
Medical Inspection clinics	12,796
Medical Inspection of Nursery Children	38
TOTAL	107,458

In addition, there were 6,810 attendances at the Diphtheria Immunisation clinic and 1,652 attendances at the Vaccination clinic.

Infant Consultations.—Particulars follow of the attendances at the Infant Consultations which were held at the various clinics in the year 1952 :—

ATTENDANCES AT INFANT CONSULTATIONS.

Centre.	Infant Consultations.		Total Attend-ances	Number of Sessions	Average Attend-ance per Session
	Under 1 yr.	1 to 5 yrs. and over			
Orchard Place	5,914	1,522	7,436	288	26
Firth Park	9,334	3,244	12,578	516	24
Manor	8,327	2,707	11,034	507	22
Woodhouse	885	198	1,083	101	11
Handsworth	1,500	227	1,727	103	17
Carbrook	2,748	467	3,215	156	21
Abbeydale	2,680	553	3,233	153	21
Walkley	2,358	345	2,703	154	18
Hillsborough	5,401	837	6,238	258	24
Chantrey Road ..	1,633	416	2,049	111	18
Totley	660	186	846	51	17
Endcliffe	2,181	515	2,696	151	18
Broomhill	2,434	504	2,938	137	21
Tinsley	646	137	783	50	16
Wordsworth Drive ..	2,094	306	2,400	153	16
Dore	283	116	399	26	15
Darnall	2,574	350	2,924	108	27
Greenhill	895	304	1,199	49	24
Burngreave	3,895	500	4,395	156	28
Wybourn	1,036	94	1,130	56	20
TOTALS	57,478	13,528	71,006	3,284	22

New Cases attending Infant Consultations.—5,489 new cases attended during the year 1952 at the Infant Consultations, as shown on the following page.

NEW CASES ATTENDING INFANT CONSULTATIONS.

Centre.	Under 1 yr.	Over 1 yr.	Totals.
Orchard Place	767	73	840
Firth Park	669	26	695
Manor	848	44	892
Woodhouse	77	4	81
Handsworth	108	2	110
Carbrook	259	9	268
Abbeydale	241	13	254
Walkley	184	7	191
Hillsborough	516	16	532
Chantrey Road	110	11	121
Totley	41	5	46
Endcliffe	206	17	223
Broomhill	199	16	215
Tinsley	53	3	56
Wordsworth Drive	167	4	171
Dore	26	3	29
Darnall	255	2	257
Greenhill	70	6	76
Burngreave	305	6	311
Wybourn	117	4	121
TOTALS	5,218	271	5,489

Medical Inspection Clinics.—These clinics are very popular, and the response has been satisfactory. At present the Service has been mainly confined to those children who have at some time attended one of the Child Welfare Centres. Throughout the year, hundreds of requests for appointments have been made in cases where it has been impossible for the mother to attend on the original date given, on account of illness or for various other reasons.

Periodic medical examination is carried out in six groups, namely, at the age of one year, eighteen months, two years, three years, four years and at four and a half years, so that the children may receive six examinations before reaching five years of age. As it is not always possible to examine exactly at these ages, the records in the following tables show the result of examinations in age groups covering one to five years.

The total attendances in 1952 are given below :—

		Total attendances				
	Centre.	Boys.	Girls.	Total.	No. of sessions.	*Average attendance per session.
1.	Orchard Place	584	567	1,151	171	7
2.	Firth Park	884	957	1,841	190	10
3.	Manor	1,199	1,067	2,266	214	11
4.	Abbeydale	376	330	706	96	7
5.	Broomhill	267	284	551	83	7
6.	Burngreave	276	228	504	99	5
7.	Carbrook	274	291	565	98	6
8.	Chantrey	209	234	443	92	5
9.	Darnall	247	244	491	97	5
10.	Dore	31	36	67	13	5
11.	Endcliffe	323	276	599	103	6
12.	Greenhill	162	120	282	47	6
13.	Handsworth	193	176	369	48	8
14.	Hillsborough	582	592	1,174	188	6
15.	Tinsley	83	78	161	42	4
16.	Totley	83	63	146	26	6
17.	Walkley	310	317	627	91	7
18.	Woodhouse	122	114	236	49	5
19.	Wordsworth Drive	192	223	415	71	6
20.	Wybourn	113	89	202	46	4
	TOTALS	6,510	6,286	12,796	1,864	7

*These clinics are combined with Infant Consultations.

TABLE XVII.—*Number of children medically examined in each age group, and the number of those children examined who had been vaccinated and immunised against diphtheria.*

Age group	No. of Medical examinations	No. of children vaccinated	Percentage vaccinated	No. of children immunised	Percentage Immunised
1. 12 — 17 months	3,047	949	31·1	2,278	74·8
2. 18 — 23 months	2,158	817	37·9	1,932	89·5
3. 24 — 32 months	2,042	779	38·1	1,861	91·1
4. 33 — 41 months	2,136	723	33·8	1,985	92·9
5. 42 — 50 months	1,819	661	36·3	1,733	95·3
6. 51 — 60 months	1,594	765	48·0	1,522	95·5
Total examinations ...	12,796				

The percentage is given in each individual group, and shows an increase up to the age of five years until in the last group more than 95 per cent. of those examined were immunised. This does not mean that the whole child population has been immunised to this extent.

TABLE XVIII.—*Amount of breast feeding in the children examined in the first age group (12 - 17 months)*

Clinic	No. of children examined	Less than one month	Numbers of months fully breast fed.								
			1	2	3	4	5	6	7	8	9
1. Orchard Place	285	73	212	162	134	98	81	72	62	54	41
2. Firth Park	406	134	272	224	186	143	124	114	103	90	58
3. Manor	509	182	327	292	262	220	197	189	175	160	143
4. Abbeydale	169	41	128	101	88	77	63	58	48	40	34
5. Broomhill	124	37	87	80	68	59	58	54	50	40	21
6. Burngreave	184	50	134	102	82	67	57	53	46	41	31
7. Carbrook	129	43	86	71	66	56	50	46	39	35	26
8. Chantrey	81	28	53	46	35	28	22	21	18	14	8
9. Darnall	138	48	90	70	61	52	47	38	36	34	28
10. Dore...	22	5	17	17	16	13	12	10	8	7	4
11. Endcliffe	132	34	98	81	76	60	53	51	45	34	23
12. Greenhill	67	28	39	33	27	23	21	20	17	15	12
13. Handsworth	87	28	59	48	43	38	35	34	29	26	22
14. Hillsborough	282	71	211	175	145	117	102	93	84	77	60
15. Tinsley	39	17	22	21	17	12	11	11	11	11	5
16. Totley	36	7	29	24	19	16	15	13	12	9	7
17. Walkley	138	34	104	86	74	65	60	55	51	45	33
18. Woodhouse	60	38	22	19	18	13	11	10	8	7	6
19. Wordsworth	102	25	77	62	51	41	36	33	27	26	25
20. Wybourn	57	22	35	27	23	17	15	14	12	11	8
TOTALS	3,047	945	2,102	1,741	1,491	1,215	1,070	989	881	776	595
Percentage of total examinations		31·0	69·0	57·1	48·9	39·9	35·1	32·5	28·9	25·5	19·5

TABLE XIX.—*Average Weight (in lbs.) of children in the various age groups.*

BOYS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight
1. Orchard Place...	143	23·21	111	25·34	91	28·06	102	32·01	75	35·19	61	36·41
2. Firth Park ...	200	22·81	132	25·73	149	27·90	157	32·28	131	35·90	114	38·47
3. Manor ...	261	22·69	201	25·08	193	28·00	207	32·09	162	35·98	175	38·17
4. Abbeydale ...	97	23·24	58	26·35	61	27·64	58	32·40	56	37·26	41	38·03
5. Broomhill ...	53	23·21	45	25·98	54	28·74	51	33·19	33	36·87	30	37·89
6. Burngreave ...	95	22·45	62	25·13	35	27·54	37	31·20	24	36·07	23	36·88
7. Carbrook ...	58	22·53	45	25·20	41	27·14	44	32·02	53	35·00	33	39·64
8. Chantrey ...	38	22·38	31	26·21	33	28·38	38	32·69	38	37·01	31	39·86
9. Darnall ...	71	23·00	42	25·55	42	27·78	44	32·41	25	36·62	21	37·84
10. Dore	9	24·58	4	28·64	5	29·79	5	34·57	5	38·17	3	39·92
11. Endcliffe ...	71	23·29	52	25·98	50	28·81	53	32·69	54	37·58	42	39·50
12. Greenhill ...	39	23·36	29	25·63	29	27·99	27	32·99	21	36·49	17	37·97
13. Handsworth ...	42	23·77	41	25·70	29	27·69	34	32·63	21	36·23	25	38·59
14. Hillsborough ...	138	23·35	115	26·19	85	29·04	94	32·46	85	36·27	65	38·38
15. Tinsley ...	20	22·80	15	25·22	12	26·45	14	34·48	14	35·30	8	36·57
16. Totley ...	21	23·55	10	27·89	12	28·61	19	33·86	13	39·67	7	38·04
17. Walkley ...	67	23·28	56	25·07	38	27·35	55	32·46	52	35·60	40	37·38
18. Woodhouse ...	32	23·17	23	26·02	13	29·03	17	31·25	20	36·52	17	37·53
19. Wordsworth ...	50	22·60	36	25·79	23	27·72	28	31·98	32	35·63	20	38·54
20. Wybourn ...	32	22·65	16	25·13	18	26·41	15	29·33	18	36·54	14	37·50
All Clinics ...	1537	22·98	1124	25·61	1013	28·03	1099	32·31	932	36·20	787	38·17
Not weighed ...	3		5		4		4		1		1	
Totals ...	1540		1129		1017		1103		933		788	

GIRLS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 Months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight
1. Orchard Place...	142	21·86	94	23·11	96	26·30	95	30·84	74	33·99	65	35·85
2. Firth Park ...	206	21·40	172	23·82	166	26·35	156	30·40	151	35·44	106	37·51
3. Manor ...	248	21·15	173	23·45	167	26·59	173	31·59	149	34·71	157	37·05
4. Abbeydale ...	72	22·03	40	24·92	48	26·84	55	32·15	62	34·73	53	37·52
5. Broomhill ...	71	21·91	48	24·89	45	26·23	48	32·42	32	35·02	40	37·61
6. Burngreave ...	89	21·84	41	23·90	34	26·24	26	32·88	25	34·70	13	36·39
7. Carbrook ...	71	21·26	50	24·21	36	25·82	57	30·63	41	34·93	36	36·38
8. Chantrey ...	43	21·56	44	24·11	44	26·22	37	31·67	32	35·99	34	37·43
9. Darnall ...	67	20·94	36	24·34	47	27·07	43	31·68	20	37·07	30	37·43
10. Dore	13	22·24	9	24·10	3	27·60	4	35·69	3	32·00	4	36·88
11. Endcliffe ...	60	21·99	41	24·74	43	27·51	51	32·29	39	36·06	41	38·00
12. Greenhill ...	28	21·95	15	24·58	21	26·73	27	31·21	14	35·51	15	39·87
13. Handsworth ...	45	21·87	41	24·46	24	26·76	31	32·81	14	39·35	21	38·75
14. Hillsborough ...	144	22·03	81	24·70	96	26·73	91	31·08	95	35·17	85	37·96
15. Tinsley ...	19	23·26	11	23·51	16	27·17	9	31·53	14	37·22	9	38·04
16. Totley ...	15	22·21	13	25·06	14	26·51	11	31·27	5	36·75	5	39·69
17. Walkley ...	69	21·60	54	23·95	46	27·04	62	31·16	48	35·51	35	37·40
18. Woodhouse ...	28	21·37	16	24·12	27	26·39	11	31·85	17	36·92	15	38·64
19. Wordsworth ...	51	20·88	37	23·70	39	26·12	32	30·62	31	34·55	31	36·55
20. Wybourn ...	25	20·94	11	23·65	10	25·32	13	29·33	19	35·00	11	34·57
All clinics ...	1506	21·59	1027	24·00	1022	26·54	1032	31·34	885	35·22	806	37·32
Not weighed ...	1		2		3		1		1		—	
Totals ...	1507		1029		1025		1033		886		806	

TABLE XX.—*Average Height (in inches) of children in the various age groups.*

BOYS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height
1. Orchard Place...	142	29·79	111	31·85	90	34·05	101	36·99	75	39·59	61	40·93
2. Firth Park ...	199	29·45	132	31·73	149	33·67	156	37·03	130	39·65	114	41·10
3. Manor ...	261	29·70	201	31·80	191	33·67	205	36·98	162	39·72	174	41·16
4. Abbeydale ...	97	29·29	61	31·90	62	33·52	58	37·03	56	39·75	41	41·07
5. Broomhill ...	53	29·59	45	32·41	55	34·65	51	38·20	33	40·73	30	41·92
6. Burngreave ...	95	28·53	62	31·01	35	33·06	37	36·30	24	40·15	23	40·98
7. Carbrook ...	58	30·76	45	33·17	41	34·47	44	37·51	53	40·58	33	43·15
8. Chantrey ...	38	29·39	31	32·27	33	34·11	38	37·59	38	40·47	31	42·09
9. Darnall ...	71	29·37	41	31·80	41	34·05	44	37·19	25	39·70	21	40·75
10. Dore	9	32·00	4	34·00	5	36·50	5	40·00	5	42·80	3	45·33
11. Endcliffe ...	69	29·76	52	32·45	49	34·88	51	38·00	52	41·47	42	42·28
12. Greenhill ...	39	31·11	29	33·58	29	35·47	27	39·24	21	41·92	17	43·15
13. Handsworth ...	40	29·53	40	32·14	28	34·08	35	37·70	21	40·46	25	42·50
14. Hillsborough ...	138	30·19	115	32·25	85	34·33	94	37·27	85	40·01	65	41·53
15. Tinsley ...	20	29·58	15	32·20	12	33·90	14	37·63	14	40·11	8	39·81
16. Totley ...	21	30·85	10	33·30	12	36·08	19	39·68	13	42·12	8	42·06
17. Walkley ...	66	30·30	56	31·82	38	33·99	55	37·53	52	39·94	40	41·48
18. Woodhouse ...	32	29·21	23	31·60	13	33·79	17	36·99	20	39·41	17	40·72
19. Wordsworth ...	50	29·27	36	32·05	24	33·90	29	36·97	32	40·25	20	41·91
20. Wybourn ...	32	28·66	16	30·81	18	33·06	15	36·00	18	39·85	14	40·79
All Clinics ...	1530	29·68	1125	32·00	1010	34·02	1095	37·31	929	40·10	787	41·47
Not measured	10		4		7		8		4		1	
Totals ...	1540		1129		1017		1103		933		788	

GIRLS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height
1. Orchard Place...	140	28·95	94	31·01	95	33·41	96	36·66	74	39·54	65	40·40
2. Firth Park ...	206	29·02	172	31·06	165	33·10	156	36·30	150	39·62	106	40·75
3. Manor ...	248	29·08	173	31·13	166	33·36	173	36·69	149	39·18	156	40·79
4. Abbeydale ...	72	28·73	40	31·26	48	33·30	55	36·81	62	39·22	53	40·57
5. Broomhill ...	70	28·90	47	31·71	45	33·83	48	38·02	32	40·05	40	41·61
6. Burngreave ...	87	28·38	41	30·56	34	33·00	26	37·33	25	39·39	13	41·25
7. Carbrook ...	70	30·29	50	32·87	36	34·39	57	37·29	41	39·79	36	41·41
8. Chantrey ...	43	29·08	44	31·32	44	33·51	37	37·48	32	40·18	34	41·49
9. Darnall ...	67	28·57	36	31·47	46	33·63	42	37·01	20	39·89	30	40·93
10. Dore	13	30·81	9	33·39	3	36·33	4	41·38	3	43·00	4	44·63
11. Endcliffe ...	58	29·46	42	32·02	41	34·21	51	37·69	39	40·82	41	42·21
12. Greenhill ...	28	30·63	15	33·20	21	34·56	27	38·77	14	42·20	15	43·82
13. Handsworth ...	44	28·85	41	31·68	24	34·40	31	37·67	14	40·95	21	41·64
14. Hillsborough ...	144	29·68	81	31·62	96	33·75	91	37·41	95	40·23	85	41·81
15. Tinsley ...	19	29·10	11	31·45	16	33·86	9	36·89	14	40·32	9	42·00
16. Totley ...	14	30·96	13	32·96	14	35·14	11	38·64	5	42·20	5	42·60
17. Walkley ...	69	29·32	54	31·81	46	34·04	62	37·05	48	39·94	35	41·30
18. Woodhouse ...	28	28·88	16	31·05	27	33·36	11	36·93	17	39·97	15	40·87
19. Wordsworth ...	51	28·86	37	31·39	40	33·48	32	36·60	32	39·65	31	41·21
20. Wybourn ...	25	27·70	11	30·00	10	32·10	13	35·00	19	39·83	11	39·95
All Clinics ...	1496	29·13	1027	31·43	1017	33·57	1032	37·02	885	39·80	805	41·18
Not measured	11		2		8		1		1		1	
Totals ...	1507		1029		1025		1033		886		806	

TABLE XXI.—*Summary of 12,796 Medical Inspections of children aged* **one** *to five years carried out* **during** *1952, classified according to age-groups, sex and standard of nutrition.*

Centre	Sex	Group 1 12 — 17 months					Group 2 18 — 23 months					Group 3 24 — 32 months					Group 4 33 — 41 months					Group 5 42 — 50 months					Group 6 51 — 60 months					Total—all ages				
		Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor
1. Orchard Place ...	M	143	44	86	13	—	111	22	77	11	1	91	21	57	12	1	102	21	65	16	—	76	14	50	12	—	61	13	36	10	2	584	135	371	74	4
	F	142	29	87	26	—	94	9	66	17	2	96	11	68	15	2	96	23	57	16	—	74	14	43	17	—	65	16	35	10	4	567	102	356	101	8
2. Firth Park... ...	M	200	91	85	18	6	133	54	65	11	3	149	44	82	18	5	157	37	91	24	5	131	30	71	28	2	114	29	51	29	5	884	285	445	128	26
	F	206	87	86	21	12	172	42	107	19	4	166	41	89	29	7	156	37	81	33	5	151	33	86	27	5	106	32	52	17	5	957	272	501	146	38
3. Manor	M	261	45	194	22	—	201	21	151	27	2	193	23	147	22	1	207	21	154	31	1	162	24	114	20	4	175	26	120	26	3	1199	160	880	148	11
	F	248	27	187	31	3	173	7	125	37	4	167	10	124	32	1	173	27	130	14	2	149	13	123	13	—	157	18	112	25	2	1067	102	801	152	12
4. Abbeydale ...	M	97	82	10	5	—	61	51	9	1	—	62	51	8	3	—	59	47	10	2	—	56	37	16	2	1	41	26	12	3	—	376	294	65	16	1
	F	72	64	7	1	—	40	32	5	3	—	48	38	7	3	—	55	35	13	7	—	62	39	15	8	—	53	31	15	6	1	330	239	62	28	1
5. Broomhill	M	53	25	22	6	—	45	19	22	3	1	55	24	28	3	—	51	24	21	6	—	33	12	15	6	—	30	7	16	6	1	267	111	124	30	2
	F	71	24	36	10	1	48	20	21	7	—	45	12	23	9	1	48	13	30	5	—	32	5	18	9	—	40	10	24	5	1	284	84	152	45	3
6. Burngreave ...	M	95	10	77	8	—	62	13	45	4	—	35	9	22	4	—	37	2	24	9	2	24	3	17	3	1	23	5	14	4	—	276	42	199	32	3
	F	89	13	64	12	—	41	5	32	3	1	34	4	26	3	1	26	2	19	4	1	25	5	12	7	1	13	1	10	2	—	228	30	163	31	4
7. Carbrook ...	M	58	36	19	3	—	45	23	17	5	—	41	19	16	5	1	44	22	20	2	—	53	18	31	4	—	33	21	8	4	—	274	139	111	23	1
	F	71	40	25	5	1	50	20	20	10	—	36	11	21	4	—	57	21	32	4	—	41	20	19	2	—	36	17	14	4	1	291	129	131	29	2
8. Chantrey	M	38	17	15	5	1	31	14	14	3	—	33	18	14	1	—	38	18	14	6	—	38	17	18	3	—	31	16	7	8	—	209	100	82	26	1
	F	43	18	19	6	—	44	17	20	7	—	44	14	22	8	—	37	11	19	7	—	32	10	17	5	—	34	9	22	3	—	234	79	119	36	—
9. Darnall	M	71	31	36	4	—	43	12	24	6	1	42	7	31	4	—	45	13	26	5	1	25	9	13	3	—	21	8	9	4	—	247	80	139	26	2
	F	67	26	33	8	—	36	12	18	6	—	48	12	29	7	—	43	8	29	6	—	20	8	9	3	—	30	7	13	9	1	244	73	131	39	1
10. Dore	M	9	9	—	—	—	4	4	—	—	—	5	2	3	—	—	5	5	—	—	—	5	4	1	—	—	3	2	1	—	—	31	26	5	—	—
	F	13	11	2	—	—	9	5	4	—	—	3	2	1	—	—	4	3	1	—	—	3	1	2	—	—	4	4	—	—	—	36	26	10	—	—
11. Endcliffe	M	72	48	22	2	—	52	30	19	3	—	50	23	19	7	1	53	22	22	7	2	54	27	19	8	—	42	21	14	7	—	323	171	115	34	3
	F	60	38	16	6	—	42	19	17	6	—	43	20	20	3	—	51	25	21	4	1	39	19	17	3	—	41	14	22	4	1	276	135	113	26	2
12. Greenhill	M	39	17	18	4	—	29	8	18	3	—	29	8	18	3	—	27	12	12	3	—	21	3	13	3	2	17	3	10	3	1	162	51	89	19	3
	F	28	9	14	5	—	15	4	7	4	—	21	8	11	2	—	27	6	16	4	1	14	1	8	5	—	15	4	8	3	—	120	32	64	23	1
13. Handsworth ...	M	42	14	28	—	—	41	8	30	3	—	29	3	18	8	—	35	9	21	4	1	21	5	14	2	—	25	5	14	5	1	193	44	125	22	2
	F	45	5	35	4	1	41	—	34	6	1	24	4	17	2	1	31	6	22	3	—	14	7	4	3	—	21	5	12	3	1	176	27	124	21	4
14. Hillsboro ...	M	138	83	48	7	—	115	64	46	5	—	85	49	28	8	—	94	39	48	6	1	85	33	46	6	—	65	26	32	7	—	582	294	248	39	1
	F	144	68	67	8	1	81	33	39	7	2	96	40	40	15	1	91	28	50	12	1	95	28	58	8	1	85	39	35	11	—	592	236	289	61	6
15. Tinsley	M	20	2	16	2	—	15	2	13	—	—	12	—	9	3	—	14	5	6	3	—	14	4	8	2	—	8	1	4	3	—	83	14	56	13	—
	F	19	5	13	1	—	11	3	6	1	1	16	3	9	3	1	9	2	5	2	—	14	—	13	1	—	9	3	3	2	1	78	16	49	10	3
16. Totley	M	21	8	11	2	—	10	6	3	—	1	12	3	6	3	—	19	6	10	3	—	13	2	9	2	—	8	—	5	3	—	83	25	44	13	1
	F	15	4	8	3	—	13	2	9	2	—	14	1	10	3	—	11	—	7	4	—	5	1	3	1	—	5	1	3	1	—	63	9	40	14	—
17. Walkley	M	68	46	16	6	—	56	28	22	6	—	39	20	18	1	—	55	37	14	4	—	52	23	22	7	—	40	16	18	6	—	310	170	110	30	—
	F	70	41	23	6	—	55	25	25	5	—	47	20	23	3	1	62	32	26	4	—	48	27	18	2	1	35	15	18	2	—	317	160	133	22	2
18. Woodhouse ...	M	32	5	27	—	—	23	4	17	2	—	13	4	9	—	—	17	3	12	1	1	20	6	12	2	—	17	3	14	—	—	122	25	91	5	1
	F	28	4	21	3	—	16	4	10	2	—	27	3	20	2	2	11	2	9	—	—	17	5	11	—	1	15	2	10	3	—	114	20	81	10	3
19. Wordsworth ...	M	51	15	31	5	—	36	8	25	3	—	24	5	17	2	—	29	12	15	2	—	32	6	19	6	1	20	3	11	6	—	192	49	118	24	1
	F	51	12	22	13	4	37	8	19	8	2	40	9	22	7	2	32	4	22	4	2	32	4	20	6	2	31	1	24	5	1	223	38	129	43	13
20. Wybourn	M	32	10	17	4	1	16	4	11	1	—	18	3	12	3	—	15	1	10	4	—	18	4	12	2	—	14	2	9	3	—	113	24	71	17	1
	F	25	6	12	6	1	11	—	9	—	2	10	1	7	1	1	13	4	5	4	—	19	5	11	3	—	11	2	6	3	—	89	18	50	17	4
TOTALS	M	1540	638	778	116	8	1129	395	628	97	9	1017	336	562	110	9	1103	356	595	138	14	933	281	520	121	11	788	233	405	137	13	6510	2239	3488	719	64
	F	1507	531	777	175	24	1029	267	593	150	19	1025	264	589	151	21	1033	289	594	137	13	886	245	507	123	11	806	231	438	118	19	6286	1827	3498	854	107
GRAND TOTALS (Both Sexes) ...		3047	1169	1555	291	32	2158	662	1221	247	28	2042	600	1151	261	30	2136	645	1189	275	27	1819	526	1027	244	22	1594	464	843	255	32	12796	4066	6986	1573	171

TABLE XXII.—*Summary of Defects found in* 12,796 *Examinations of Children classified under Sex and Age Groups.*

DEFECTS	ALL CLINICS															
	Group 1 (12-17 mths)		Group 2 (18-23 mths)		Group 3 (24-32 mths)		Group 4 (33-41 mths)		Group 5 (42-50 mths)		Group 6 (51-60 mths)		Total		Full Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	(both sexes)	
Cleanliness—																
Dirty body	3	—	1	2	4	2	2	1	—	1	4	1	14	7	21	
Infested body	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dirty head	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Infested head	—	—	—	2	2	2	1	2	—	2	—	2	3	10	13	34
Skin—																
Eczema	25	10	24	8	25	16	13	12	9	8	2	5	98	59	157	
Naevus	12	24	4	5	1	3	—	5	—	2	—	1	17	40	57	
Dermatitis	3	1	2	—	—	—	—	—	—	—	1	1	6	2	8	
Scabies	1	—	—	—	—	1	—	1	—	—	—	—	1	2	3	
Other conditions	3	—	4	2	2	—	4	7	5	2	6	4	24	15	39	264
Tonsils and Adenoids—																
Enlarged	8	2	46	41	77	78	169	137	156	143	148	146	604	547	1,151	
Obstructed	—	—	2	—	1	1	7	1	6	9	8	3	24	14	38	
Removed	—	—	1	1	1	—	3	6	19	21	24	11	48	39	87	1,276
Teeth—																
3 and under—carious	1	—	8	6	16	20	91	102	196	173	168	196	480	497	977	
4 and over—carious	—	1	7	3	18	21	85	52	131	135	152	148	393	360	753	1,730
Ears—																
Partial deafness	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2	
Otorrhœa	3	7	5	1	5	4	5	1	3	1	3	1	24	15	39	
Otitis Media	1	2	1	—	4	1	1	2	3	1	1	1	11	7	18	59
Eyes—																
Squint	12	9	12	4	8	9	20	7	14	13	9	10	75	52	127	
Blind (Retrolental Fibroplasia)	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Blind in one eye	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	
Cataract (Congenital)	1	—	—	—	—	—	—	1	—	—	—	—	1	1	2	
Nystagmus	1	1	1	—	—	—	—	—	—	—	—	—	2	1	3	
Ptosis of eyelid	—	—	—	—	1	—	—	1	1	—	—	1	2	2	4	
Cysts of eyelids	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Blepharitis	1	1	1	2	2	1	1	1	—	—	3	2	8	7	15	
Conjunctivitis	1	1	2	1	—	—	—	—	1	—	1	—	5	2	7	
Other conditions	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	162
Heart and Circulation—																
Congenital heart disease	2	2	1	1	—	—	—	1	1	—	—	—	4	4	8	
Functional murmurs	8	5	9	2	6	5	9	11	10	11	7	7	49	41	90	98
Lungs—																
Asthma	1	—	—	—	1	2	2	—	1	1	1	—	6	3	9	
Bronchitis	1	1	—	—	—	—	—	—	—	—	—	—	1	1	2	11
Alimentary System—																
Prolapsed rectum	—	—	—	—	1	—	—	—	—	1	1	—	2	1	3	
Pyloric Senosis	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	4
Nervous System—																
Spastic Paralysis	—	—	—	—	—	—	1	—	1	—	1	—	3	—	3	
Erbs paralysis	1	—	—	—	—	1	—	—	—	—	—	—	1	1	2	
A.P.M. (Paralysis)	—	—	—	—	—	1	—	1	1	2	1	—	2	4	6	11
Mental Condition—																
Mentally defective	—	—	2	1	—	3	1	4	2	1	1	1	6	10	16	
Mongol	1	1	1	—	—	1	3	—	—	—	1	1	6	3	9	25
Speech—																
Poor for age	—	—	1	—	2	2	10	4	8	6	8	4	29	16	45	
Stammer	—	—	—	—	—	—	5	2	3	1	1	1	9	4	13	58
Orthopædic—																
Knock-knee (slight)	—	2	8	18	44	68	124	120	102	74	77	61	355	343	698	
do. (marked)	—	—	—	—	1	6	13	7	8	5	3	1	25	19	44	
Scoliosis	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	
Kyphosis	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2	
Other conditions	—	1	—	1	—	—	2	—	—	2	—	—	2	4	6	751
Genito-urinary System—																
Albuminuria	—	—	—	1	1	—	—	—	—	1	—	—	1	2	3	
Acute Nephritis	—	—	—	1	—	1	—	—	—	—	—	—	—	2	2	5
Developmental defects—																
Deformity of digits	—	1	—	—	—	1	1	—	—	—	—	—	1	2	3	
Phimosis	107	—	47	—	22	—	6	—	4	—	5	—	191	—	191	
Hernia	12	27	8	16	8	12	4	9	5	2	1	4	38	70	108	
Hypospadias	3	—	2	—	—	—	2	—	1	—	—	—	8	—	8	
Hydrocele	2	—	1	—	—	—	—	—	1	—	1	—	5	—	5	
Microcephaly	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	
Spina Bifida Occulta	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	
Webbed toes or fingers	1	—	2	—	—	—	—	—	—	—	—	—	3	—	3	
Hare-lip and cleft palate	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	
Hare-lip	—	2	—	—	—	—	—	—	—	—	—	—	—	2	2	
Congenital dislocation of hip	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	
Talipes calcaneous varus	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Talipes equino varus	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	
Other conditions	2	2	—	—	1	—	1	1	—	1	—	—	4	4	8	334
Operations—																
Circumcision	50	—	34	—	27	—	32	—	41	—	27	—	211	—	211	
Herniotomy	10	1	4	—	3	2	7	2	6	2	1	5	31	12	43	
Laparotomy intussusception	1	—	1	—	1	—	—	2	—	—	1	2	4	4	8	
Repair of Hare-lip and cleft palate	1	1	—	—	1	—	—	—	—	1	—	—	2	2	4	
Appendicectomy	1	—	—	—	—	—	3	—	3	2	3	1	10	3	13	
Tonsillectomy (see tonsils removed)																
Rammstedt (pyloric stenosis)	2	—	—	—	1	—	1	—	—	—	1	—	5	—	5	
Mastoidectomy	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	
Minor operations	—	2	1	1	—	3	—	—	2	2	—	1	3	9	12	297
Organic Diseases—																
Kernicterus	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	
Rickets	5	6	2	3	3	—	—	—	—	—	—	—	10	9	19	
Anæmia	3	—	1	1	1	—	—	—	—	—	2	1	7	2	9	
Epilepsy	1	—	1	—	—	—	1	—	—	—	—	—	3	—	3	
Pinks Disease	1	7	1	1	—	1	—	—	—	—	—	—	2	9	11	
Idiopathic convulsions	—	1	2	1	—	—	—	—	1	—	—	1	3	3	6	
Primary Tuberculosis	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2	
Other conditions	—	—	1	—	1	—	—	—	—	—	—	—	2	—	2	53
Enuresis	—	—	—	—	—	1	36	28	19	18	19	21	74	68	142	142
Thread Worms	1	1	1	1	3	3	4	5	4	6	5	4	18	20	38	38
Glands of neck enlarged	7	4	39	27	62	48	132	108	140	118	121	133	501	438	939	939
TOTALS	304	127	292	155	357	322	804	647	909	771	821	782	3,487	2,804	6,291	6,291

TABLE XXIII.—*Summary of Defects found in 12,796 examinations of children—classified according to Medical Inspection Clinics.*

DEFECTS	1 Orchard Place	2 Firth Park	3 Manor	4 Abbey-dale	5 Broom-hill	6 Burn-greave	7 Car-brook	8 Chan-trey	9 Darn-all	10 Dore	11 End-cliffe	12 Green-hill	13 Hands-worth	14 Hills-boro'	15 Tin-sley	16 Totley	17 Walk-ley	18 Wood-house	19 Words-worth	20 Wy-bourn	Sub-Total	Total
Cleanliness —																						
Dirty Body	1	3	4	—	1	2	—	1	—	—	4	—	—	—	1	—	—	1	3	—	21	
Infested body	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dirty head	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Infested head	—	—	10	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	13	34
Skin—																						
Eczema	16	11	32	17	5	6	2	7	5	—	6	6	7	17	6	4	2	1	6	1	157	
Nævus	5	2	12	5	6	1	2	6	2	—	5	4	—	3	1	—	2	—	1	—	57	
Dermatitis	—	2	—	—	—	1	—	—	2	—	1	—	—	2	—	—	—	—	—	—	8	
Scabies	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Other conditions	9	—	11	1	1	2	2	—	1	—	2	—	—	4	2	—	2	—	—	2	39	264
Tonsils and adenoids—																						
Enlarged	111	81	177	63	63	22	55	45	129	1	34	21	27	133	26	10	44	12	36	61	1151	
Obstructed	3	2	1	12	1	1	2	—	3	—	2	—	2	5	—	—	1	—	1	2	38	
Removed	5	18	17	4	3	—	3	6	2	1	6	1	4	10	—	—	2	—	4	1	87	1276
Teeth—																						
3 and under-carious	79	106	214	44	33	19	63	41	32	2	55	5	26	117	16	4	60	25	20	16	977	
4 and over-carious	74	74	173	9	35	18	34	54	16	5	44	17	14	95	7	2	29	14	22	17	753	1730
Ears—																						
Partial deafness	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	
Otorrhœa	1	4	7	5	2	1	6	1	1	—	1	1	3	2	1	—	—	1	1	1	39	
Otitis Media	2	1	5	2	1	1	1	—	1	—	—	—	—	1	—	1	—	—	—	2	18	59
Eyes—																						
Squint	8	8	13	24	6	2	5	6	6	1	3	1	5	26	1	2	4	2	3	1	127	
Blind (Retrolental Fibroplasia)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Blind in one eye	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Cataract (Congenital)	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Nystagmus	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	
Ptosis of eyelid	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	4	
Cysts of eyelid	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Blepharitis	—	—	2	—	—	—	1	3	—	—	1	1	—	4	—	2	1	—	—	—	15	
Conjunctivitis	—	—	2	—	—	1	—	1	1	—	—	—	1	1	—	—	—	—	—	—	7	
Other conditions	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	162
Heart and circulation—																						
Congenital heart disease	—	—	—	—	—	1	—	—	—	2	—	2	—	—	—	1	1	—	—	1	8	
Functional murmurs	9	2	8	4	—	7	5	2	5	1	8	1	6	14	4	6	5	—	—	3	90	98
Lungs—																						
Asthma	—	2	4	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	9	
Bronchitis	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	11
Alimentary System—																						
Prolapsed rectum	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	
Pyloric Stenosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	4
Nervous system—																						
Spastic paralysis	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Erbs paralysis	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
A.P.M. (paralysis)	2	—	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	6	11
Mental condition—																						
Mentally defective	2	—	4	—	—	1	—	1	—	—	—	—	—	4	—	—	1	1	1	1	16	
Mongol	1	2	2	—	2	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	9	25
Speech—																						
Poor for age	3	3	11	3	2	1	3	3	—	—	3	1	—	8	1	—	1	—	1	1	45	
Stammer	—	—	3	—	3	1	—	1	—	—	2	—	—	2	—	1	—	—	—	—	13	58
TOTAL c/f	335	322	723	196	166	90	185	180	207	13	178	63	95	454	67	33	158	57	99	111	3732	3732

Summary of Defects found in 12,796 examinations of children—classified according to Medical Inspection Clinics—(contd.)

DEFECTS	1 Orchard Place	2 Firth Park	3 Manor	4 Abbey-dale	5 Broom-hill	6 Burn-greave	7 Car-brook	8 Chan-trey	9 Darn-all	10 Dore	11 End-cliffe	12 Green-hill	13 Hands-worth	14 Hills-boro'	15 Tin-sley	16 Totley	17 Walk-ley	18 Wood-house	19 Words-worth	20 Wy-bourn	Sub-Total	Total
TOTAL b/f	335	322	723	196	166	90	185	180	207	13	178	63	95	454	67	33	158	57	99	111	3732	3732
Orthopædic—																						
Knock-knee (slight)	47	35	134	54	64	10	19	57	44	2	51	40	21	51	7	4	21	6	7	24	698	
Knock-knee (marked)	4	3	7	—	—	1	—	4	6	—	12	—	3	—	—	—	—	—	1	3	44	
Scoliosis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Kyphosis	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	
Other conditions	1	—	1	1	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	6	751
Genito-Urinary System—																						
Albuminuria	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	3	
Acute nephritis	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5
Developmental Defects— ...																						
Deformity of digits	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	3	
Phimosis	10	8	72	12	3	4	9	3	18	—	4	3	2	10	—	2	5	12	2	12	191	
Hernia	6	4	34	7	6	1	2	4	9	—	4	1	1	17	1	—	4	4	2	1	108	
Hypospadias	—	1	4	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	8	
Hydrocele	3	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	5	
Microcephaly	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Spina bifida occulta	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
Webbed toes or fingers	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	
Hair-lip and cleft palate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Hare-lip	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2	
Congenital dislocation of hip ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	
Talipes calcaneous varus ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Talipes equino varus	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Other conditions	—	—	4	—	2	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	8	334
Operations—																						
Circumcision	29	20	24	9	4	8	16	3	8	3	13	6	10	22	3	6	13	6	6	2	211	
Herniotomy	6	2	7	4	3	3	2	1	2	—	1	3	—	6	—	1	1	—	1	—	43	
Laparotomy intussusception ...	3	—	2	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	8	
Repair of Hare-lip and cleft palate	—	—	1	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	4	
Appendicectomy	1	—	5	—	—	1	—	—	—	—	—	1	—	2	—	1	—	1	—	1	13	
Tonsillectomy (see " Tonsils removed ") ...																						
Rammstedt (pyloric stenosis) ...	1	—	2	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	5	
Mastoidectomy	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Minor operations	1	1	2	2	1	—	—	—	—	1	—	1	—	2	—	1	—	—	—	—	12	297
Organic diseases—																						
Kernicterus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Rickets	4	—	7	1	—	1	—	—	1	—	1	—	—	—	—	—	—	2	1	1	19	
Anæmia	—	1	4	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	9	
Epilepsy	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	3	
Pinks disease	—	2	3	—	1	—	—	1	—	—	1	—	1	—	—	—	1	—	—	1	11	
Idiopathic Convulsions	—	—	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	6	
Primary Tuberculosis	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Other conditions	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	2	53
Enuresis	15	5	30	4	13	4	8	6	12	—	4	12	2	8	1	4	5	3	3	3	142	142
Thread worms	4	3	7	5	4	—	1	—	2	—	3	1	1	4	—	—	—	1	1	1	38	38
Glands of neck enlarged	99	65	208	76	21	26	38	22	73	2	26	9	43	85	30	18	42	5	15	36	939	939
Total Defects	570	473	1289	375	291	151	284	284	386	21	304	143	179	670	109	72	250	98	140	202	6291	6291
Children without defects	758	1458	1353	441	349	396	364	243	252	50	378	179	254	721	91	94	438	156	302	82	8359	
Children with one or more defects	393	383	913	265	202	108	201	200	239	17	221	103	115	453	70	52	189	80	113	120	4437	
Total examinations ...	1151	1841	2266	706	551	504	565	443	491	67	599	282	369	1174	161	146	627	236	415	202	12796	

Attendances at Minor Ailments and Ultra-Violet Light Clinics.—At the Minor Ailments Clinic at Orchard Place, 208 children received treatment and made 1,617 attendances ; at Firth Park, 319 children received treatment, making a total of 818 attendances, and, at Manor Centre, 741 children received treatment, making a total of 1,588 attendances. Details with regard to these clinics appear below :—

ATTENDANCES AT MINOR AILMENTS AND ULTRA-VIOLET LIGHT CLINICS.

Centre	Minor Ailment Clinic		Ultra-Violet Light Clinic		Totals
	Under 1 yr.	1 to 5 yrs. and over	Under 1 yr.	1 to 5 yrs. and over	
Orchard Place	327	290	29	10,716	11,362
Firth Park	602	216	14	5,257	6,089
Manor	1244	344	14	4,565	6,167
TOTALS	2,173	850	57	20,538	23,618

Particulars follow of the total attendances of all cases and also of the number of new cases which attended in each of the past five years at all consultation and treatment clinics :—

Year	Total Attendances of all Children	Total Children attending for first time
1948	161,233	6,924
1949	144,100	6,173
1950	114,938	5,441
1951	121,310	5,759
1952	107,458	5,489

Children referred to Private Medical Practitioners or Hospital for treatment.—371 of the children who attended at the Centres during the year were referred by the medical staff to their private medical practitioners for treatment ; 106 were referred to hospitals ; 213 to the school clinic, and 21 to the Chest Clinic.

Dried Milk and Other Foods.—At the Maternity and Child Welfare Centres there were 142,452 lbs. of dried milk and other foods distributed during the year, as compared with 153,230 lbs. in 1951.

National Dried Milk and Vitamins.—In addition to the usual distribution of dried milk and other foods at the Maternity and Child Welfare Centres, quantities of National Dried Milk and Vitamins were distributed at these Centres on behalf of the Ministry of Food. The following are details in regard to the distribution of these commodities in the years 1951 and 1952 :—

Foods	Quantities Distributed—Years. 1951.	1952.
National Dried Milk—1¼ lb. tins (No. of tins).	89,857	89,277
Cod liver Oil—6 oz. bottles (No. of bottles).	97,903	95,630
Orange Juice—6 oz. bottles (No. of bottles).	316,446	330,354
Vitamin A and D Tablets—Pkts. of 45 tablets (No. of pkts.).	19,478	20,553

MATERNITY AND NURSING HOMES.

There were no new premises registered as Nursing Homes during the year. On the 31st December, 1952, there were 11 Nursing Homes on the register, providing accommodation for 20 maternity and 119 other cases, and these premises were visited as required.

CHILD MINDERS.

Under the Nurseries and Child Minders Regulation Act, 1948, three registrations have been granted for the care of a total of 35 children.

HOMES FOR MOTHERS AND BABIES AND HOMELESS CHILDREN.

St. Agatha's Church of England Hostel, a home for unmarried expectant mothers, is situated at No. 22, Broomgrove Road and has a complement of 28 beds. After the confinements, which take place in hospital, the mothers return to the Home with their babies until the necessary arrangements can be made for the care of the baby and for the mother to resume work.

St. Margaret's Girls' Rescue and Maternity Home, Leeds, admits Roman Catholic unmarried expectant mothers from the Sheffield area.

The Salvation Army Home, at Kenwood Park Road, admits various classes of cases, including homeless children and girls who are lacking adequate control. The Sheffield Branch of Dr. Barnardo's Home also accepts homeless children.

Unmarried expectant mothers are, where necessary, admitted to Firvale Infirmary, which has been administered by the Sheffield Regional Hospital Board since 5th July, 1948, and homeless children are admitted into the Sheffield Children's Homes administered by the Council.

A scheme is nearing completion for the provision of a Mother and Baby Home, to be administered by the Council, in premises in Hucklow Road.

SURVEY OF 100 MOTHERS WITH YOUNG CHILDREN UNDER FIVE YEARS OF AGE WHO HAVE NEVER ATTENDED A CHILD WELFARE CLINIC.

The Survey was taken in two areas of the City, namely, Hillsborough and Carbrook. The Health Visitors called on 50 mothers in each area and had a chat with them on the reasons for never requiring to attend a Child Welfare Centre.

The 100 mothers gave the following reasons :—

35 mothers stated that they attended the family general practitioner or called him in if the child required medical attention.

2 mothers attended the baby clinic at the Children's Hospital for medical supervision, as one child suffered from congenital syphilis and the other child had an Erb's paralysis.

6 mothers attended the baby clinic at the Jessop Hospital for Women.

1 mother attended the Children's Department at the City General Hospital.

2 mothers did not attend because the father was a general practitioner.

1 mother did not speak much English and hesitated to attend.

6 mothers were working and could not attend. The children were either in a day nursery, with the grandmother or with a neighbour.

8 mothers had either a large family or grown up family, and had not the time to spare to attend the clinic.

1 unmarried mother did not like to attend a clinic and meet married mothers.

8 mothers did not believe in Welfare Clinics but they were influenced by either their own mother, mother-in-law, or husband.

15 mothers did not think it necessary to attend a clinic and four of these were married nurses.

15 mothers stated that they did not wish to attend any Welfare Clinic.

SURVEY ON CLINIC ATTENDANCE.

A Survey has been undertaken on 500 children who have attended two of the Maternity and Child Welfare Centres situated in different areas in the City. The object has been to ascertain the frequency of attendance of children at various ages over the last five years. The children reported on were born between 1st January and 30th June in the various years and the table below shows the number of attendances made in each full year of the child's life.

Number of Attendances made by 500 *children in each full year of life, and average attendance at the Clinic per child.*

	1st year of life		2nd year of life		3rd year of life		4th year of life		5th year of life		Total Atts.	Average Attendance per child
	Atts.	Aver.	Atts.	Aver.	Atts.	Aver.	Atts.	Aver.	Atts.	Aver.		
100 children born between 1st Jan. and 30th June, 1948	1,056	10·6	182	1·8	101	1·0	63	0·6	38	0·4	1,440	14·4 over 5 years.
100 Do. 1949	1,113	11·1	246	2·5	101	1·0	50	0·5	—	—	1,510	15·1 over 4 years.
100 Do. 1950	1,060	10·6	276	2·8	128	1·3	—	—	—	—	1,464	14·6 over 3 years.
100 Do. 1951	1,218	12·2	291	2·9	—	—	—	—	—	—	1,509	15·1 over 2 years.
100 Do. 1952	1,392	13·9	—	—	—	—	—	—	—	—	1,392	13·9 over 1 year.
	5,839	11·7	995	2·5	330	1·1	113	0·6	38	0·4		
	500 children		400 children		300 children		200 children		100 children			

While the total attendances at the Centres throughout the City have decreased since the inauguration of the Health Service in 1948, the above table shows that, especially in the first year of life, mothers wish to take advantage of the Maternity and Child Welfare Services for advice and general supervision of the child.

In carrying out the Survey, the health visitors called at the homes of the children to ascertain the reason for attending the Maternity and Child Welfare Centres, and the majority of the mothers, namely 338 out of the 500, stated that they were anxious to have their children weighed and to obtain advice on infant feeding in order to maintain the good health of the normal child. They also appreciated the opportunity of purchasing the proprietary dried milks and supplements that are available at the clinics. These foods are supplied on the recommendation of the doctors and health visitors on duty at the clinics.

It was found that 48 mothers were anxious to know the child's weight in order to judge progress made ; only five mothers were interested in the purchase of dried milk. Eight mothers with children over one year of age came for advice only, probably owing to some defect in the child about which they required re-assurance. In 70 cases, no special reason for attendance was obtained.

The proprietary brands of dried milk and supplements are supplied only for children who attend the clinic, and mothers are recommended to attend monthly with children under one year of age : in case of illness the supply is continued on production of a Doctor's note.

In the majority of cases, mothers attend the Centre with a new baby when discharged from hospital or when the midwife ceases attendance. Some only make one or two visits, but many make 10 to 12 visits and a few attend fortnightly throughout the first year.

The following is a table of reasons given to the health visitors for attendance at the clinics :—

Reasons for attendance	Children born between 1st January and 30th June in year stated					Total
	1948	1949	1950	1951	1952	
Advice, weighing and food	57	43	48	58	57	263
Advice and weighing	8	20	12	10	25	75
Advice and food	—	1	—	—	—	1
Weighing and food	9	6	8	4	3	30
Food only	2	2	1	—	—	5
Weighing only	4	9	9	14	12	48
Advice only	—	3	4	1	—	8
Reason unknown	20	16	18	13	3	70
	100	100	100	100	100	500

The mothers who attended regularly found great help at the clinics. When the scheme for medical inspection of the pre-school child was extended to all centres at the beginning of 1951, the appreciation of the mothers was evident by the response and the number of letters constantly received asking for a further appointment in cases where it was impossible to keep the original appointment. The mothers found satisfaction in the periodic examination of their children in the knowledge that they were making satisfactory progress in height, weight and nutrition, and that any defect found would be dealt with. Where defects were found, the mother was recommended to her Medical Practitioner for treatment.

The Medical Inspection Scheme has given great satisfaction to the medical staff, because they feel that, as the years pass, the majority of pre-school children will be in excellent nutrition and any defects will be minimal when they enter school.

As will be seen in the table below, nearly half of the 500 children in the Survey are either still attending, or will attend, for the periodic medical examinations which are held at one year, eighteen months, two, three, four and four and a half years of age.

	Children born between 1st January and 30th June in the following years					TOTAL
	1948	1949	1950	1951	1952	
Still attending clinic	4	2	7	19	64	96
Attending for periodic medical examination	26	33	31	28	10	128
Child attending nursery	1	—	5	—	1	7
Child attending hospital with defect and not advised to return to clinic	2	4	6	4	2	18
Preferred own Doctor	—	1	3	4	—	8
Mother thought unnecessary to attend ...	37	27	29	20	14	127
Ill-health in family	2	3	1	—	4	10
Mother working	6	7	3	3	1	20
Mother again pregnant	—	3	4	6	—	13
Not requiring dried milk	1	—	—	—	—	1
Removed or cannot trace	14	19	9	13	3	58
Child died	1	—	1	—	—	2
Child upset at medical inspection	1	—	—	—	—	1
No reason given	5	1	1	3	1	11
	100	100	100	100	100	500

The following table shows the number of children in the Survey who received one or more of the periodic medical inspections at the clinics :—

	Children born between 1st January and 30th June in the years shown					TOTAL
	1948	1949	1950	1951	1952	
Number who received 1 examination ...	25	27	28	22	73*	175
Number who received 2 examinations ...	18	19	22	42	—	101
Number who received 3 examinations ...	18	22	18	4	—	62
Number who received 4 examinations ...	—	—	3	—	—	3
Not medically examined	39	32	29	32	27	159
	100	100	100	100	100	500

* The first medical examination is carried out at one year or just over ; therefore, these figures refer to examinations at the commencement of the second year of life.

DAY NURSERIES.

by WILLIAM FIELDING, M.D., B.SC., D.P.H., Deputy Medical Officer of Health.

Accommodation in the City's seventeen Day Nurseries, described in previous Annual Reports, remained unchanged during 1952, and places were available for 715 children in nurseries distributed throughout the City. The average attendances (Monday to Friday inclusive) are shown below :—

Month.	Average Daily Attendances.
January	634
February	675
March	719
April	718
May	718
June	678
July	620
August	532
September	673
October	696
November	691
December	650
Average daily attendances, year 1952	667

The rising costs of maintenance of the children in day nurseries, together with the progressive dilapidation of many of the prefabricated structures built in 1941 and 1942, were responsible for the Health Committee's decision to review the position, and in September a comprehensive survey was made of all children attending the nurseries, and the reasons for their admission. At the same time the City Architect and the Superintendent Sanitary Inspectors made a survey of the fabric and furnishings of existing premises.

Reasons for admission of Children to Day Nurseries—September, 1952.

For the purposes of this survey, children then attending nurseries were divided into three main categories as follows :—

Group I (*a*) Children whose mothers are wholly or mainly responsible for the maintenance of the family—

(i) Children of unmarried mothers.
(ii) Children of women separated from their husbands.
(iii) Children of women with permanently sick or disabled husbands.
(iv) Children of widows.
(v) Children of women with husbands in prison, or prisoners of war.

(*b*) Children of widowers or of husbands deserted by their wives.

Group II Children whose mothers are unable to look after them through illness, confinement, etc.

Group III Non-priority cases.

Upon the basis of this classification, the children on the Day Nursery registers were grouped as follows :—

Group I	25·5%
Group II	4·9%
Group III	63·4%
Unable to classify	6·2%

Inability to classify was due in the majority of cases to insufficient information, but it was strongly suggested that most of these should properly fall into non-priority Group III.

Generally speaking, it has been found that Group I cases are long-term cases, frequently admitted at the age of nine months, and remaining in the nursery until school entrant age at five years. Group II cases, on the other hand, are usually short-term cases, admitted to cover a temporary emergency. There is no really sound reason for admitting children in the non-priority group, as both parents are working, and the child is in many cases seeing little of its mother from one week to the next. The consensus of medical opinion has always been that, up to the age of five years, a child should be with its own mother, if this is possible, and with the findings of the survey in mind, there appeared to be substantial reasons for closing a certain number of the more dilapidated and costly nurseries, retaining an adequate number to cover priority admissions (30—35%—total of Groups I and II).

The survey taken in the seventeen nurseries, whilst showing individual variations, yet showed in many a surprising uniformity, as will be noted from the following figures :—

NURSERY	Number on Register	Group I	Group II	Group III	Unable to classify
Abbeyfield	49	9	3	32	5
Attercliffe	54	11	11	30	2
Beet Street	42	10	—	31	1
Broadfield Road	51	16	1	30	4
Carbrook	64	21	1	38	4
Cradock Road	51	14	3	31	3
Cricket Inn Road	51	14	3	31	3
Darnall	45	9	—	36	—
Firth Park	49	19	3	27	—
Hillsborough	50	10	—	40	—
Langsett Road	51	11	2	31	7
Meersbrook	52	14	3	35	—
Moore Street	50	16	4	23	7
Parson Cross	48	10	3	32	3
Prince of Wales Road	49	15	3	29	2
Royal Infirmary	49	15	2	26	6
Swinton Street	66	8	1	50	7
TOTALS	871	222	43	552	54
PERCENTAGE	100	25·5	4·9	63·4	6·2

The survey carried out by the City Architect showed that in only five cases (Beet Street, Carbrook, Swinton Street, Langsett Road and Moore Street) were the premises in substantial condition, the first two being permanent structures, and the second two being the larger and more strongly built prefabricated structures, in which an additional " life " of ten years was estimated. The fifth day nursery noted above (Moore Street), whilst in better condition than many of the others from a structural point of view, was on a site required for Town Planning purposes. The remaining premises were considered to be in poor general condition, with a limited " life ", and in all of them fairly extensive repairs and decorations were required.

One other main factor entered into the considerations ; some of the premises were situated on land which was required for redevelopment and belonged to other departments or to non-Corporation bodies. The possibility of closing certain of the nurseries had to be studied in the light of all these considerations.

The final decision, although this was not implemented until the beginning of 1953, was that nine out of the existing seventeen day nurseries should be closed, and that the priority cases should be redistributed among the remaining eight nurseries.

Illness in the Day Nurseries.

Epidemics of minor infectious disease occurring among children in the City must inevitably include among their numbers children attending the Day Nurseries and, during the course of the year, cases of measles, chicken pox, whooping cough, scarlet fever and mumps have occurred, some nurseries suffering more severely than others. There has been no major outbreak of intestinal disease, and in general the health of both children and staff has been well maintained. For those children where circumstances make it essential that they must be separated from their mothers for a period, and relatives are unable to care for them, the Day Nursery probably comes nearer to the ideal than any other arrangement.

A REVIEW OF PROBLEM FAMILIES

by Catherine H. Wright, m.b., ch.b., d.p.h.,
Assistant Maternity and Child Welfare Medical Officer.

The social problem group of family units designated " Problem Families " have, this year as in the past, engaged a disproportionate amount of the energies of the Health Visitor. These families, although fewer in number than in the past and perhaps in some way different from the problem families of the past, stand out in relief against a background of improved social conditions. A rise in the general economic level of the community, full employment and the provision of help in meeting most of the contingencies which can come upon the family, have worked in favour of those families which are, by their very nature, unstable units. Nevertheless, there remain a number of families who exist in conditions of squalor, and whose presence is forced upon the consciousness of the authorities by reason of the social problems which they arouse. The characteristics of problem families are depressingly familiar to all who encounter them, and in recent years a number of surveys have been carried out, the most ambitious being that sponsored by the Eugenics Society. As a result of the latter survey (and many others) into the interrelated social problems of juvenile deliquency and child neglect, there has emerged a fairly consistent picture of the type of background to the development of problem family status. In essence, the front which a family in difficulties presents to the world is the result of the interplay between the resources of the family in terms of character and the external stresses which are brought to bear upon them. Families in which the external stresses are acting upon reasonably integrated personalities are often able to recover their independence when, and if, such factors as poor living conditions or prolonged illness of the breadwinner correct themselves. Time, which turns children into adults, will often improve the standard of living and morale in which numerous children have overwhelmed the otherwise satisfactory mother. On the other hand, those families in which the character of the parents is poorly developed, unless their children are few and they can remain under the wing of an older generation, are unlikely to stand up to heavy stress, and are often incapable of preserving their self respect in spite of adequate income and housing. The families in this intractable group are the despair of all social agencies and in some cases have to be broken up in the interests of the children.

Research has so far shown that in most of these unsatisfactory families are to be found mental deficiency, emotional instability and the milder types of mental disorder in one or both partners of the marriage. Such people often fail miserably as parents, and are frequently found to be completely indifferent to their children. This emotional neglect of the growing, developing personality is now thought to be the most serious aspect of the problem presented, as unloved children are often found to be incapable of responding normally to society and, in their turn, are liable to become problem parents.

Thus the dilemma facing those who have to decide whether a particular family should be broken up is, on the one hand, that the home environment is unfit for the developing minds of the children, and will almost certainly produce delinquency and, on the other, that the removal of the children from the bond, however tenuous, which unites them as a family group, may cause such a disturbance as may be permanent.

If a problem family cannot be cured, the most important effort should be to assist the family materially until such time as the children are independent. At the same time, some effort must be made to prevent the emergence of such families, and this cannot be achieved quickly or without a very clear picture of the factors which produce them, so that change of policy should be reasoned and deliberate.

On first thoughts it would appear a simple matter to enquire into the forebears and background of the problem family parents, and thus to assess the causal factors in any particular family, but information is not easily obtained without arousing antagonisms, and mothers become suspicious of the many questions which the numerous representatives of social agencies ask on their visits. It is particularly difficult to obtain information relating to the father and his background, and it would appear that retrospective investigations generally lack completeness and are inconclusive. More useful information will be obtained by reliance on observable facts pertaining to the present generation and to the growing children. It becomes obvious to anyone reviewing the findings of investigators that the Health Visitors or Case Workers, who have had many years of experience and contact with their families, have an advantage over their colleagues who are asked to present a picture of a family of whom they have little knowledge.

A sample of 50 unselected problem families which come under the care of the Health Visitors has been investigated in some detail, and the following interesting facts have emerged :—

Size of Family.

35 out of the 50 families have more than 4 children living.

14 of these have more than 6 children alive.

Of the 50 families, the average number of children per family is 5·76. (It should be noted that the average size of a family in the country as a whole is at present 1·75 children).

Average duration of marriage 12 years.

Children in Care.

At least 20 of the families have had children " in care " at one time or another. Such families, in this respect, are a very heavy charge on the community.

Housing.

Number of families occupying rooms	15
Number of families occupying a house of their own	35
(Of these accommodation is adequate for 21 families and overcrowded for 14 families).	
Total number of families living in unsatisfactory conditions	29

Social Care.

Number of families which have been given temporary accommodation	5

Incidence of Poverty.

True poverty is present in 16 families, due to such causes as chronic ill-health of father, physical disability or desertion.

It occurs temporarily in 6 other families in which the father has frequent prison sentences. It occurs in a further 6 families in which the father is too lazy to work regularly.

In all the remaining families there is apparent poverty due to poor management on the part of the mother or extravagant spending on drink or gambling. Irresponsible spending and debts are characteristic of all the families.

Character of Parents.

Among the parents are found :—

4 certified mental defectives (2 fathers, 2 mothers).

6 epileptics (2 fathers, 4 mothers).

2 other fathers are known to have attended Special Schools.

5 other families have come under the care of the Mental Health Department (psychopathic personality in either or both parents).

9 other families have a mother who is judged to be " mentally backward " in the opinion of the Health Visitor.

Other parents are described as " unstable personalities ", " plausible ", " inherently irresponsible ", etc.

23 fathers have served terms of imprisonment.

2 have received sentences other than imprisonment.

N.S.P.C.C.

38 of these 50 families come under the supervision of the N.S.P.C.C. Inspectors.

To the question " Is the Problem Family status remediable ? "—in 22 cases the answer given is definitely NO. In a further 22, doubt is expressed. 6 are in the process of recovering and deemed to be curable.

Number of families in which conditions are remediable.—The following are comments made by the respective Health Visitors on the 6 families :—

1. Mother epileptic. Sterilisation has been carried out and should rectify the problem.
2. Family limitation and close supervision would remedy.
3. First husband died. Second marriage is developing satisfactorily.
4. Father is in poor health. Adequate income and improved housing would cure.
5. Mother too young to cope with her children. Marriage guidance, family limitation, close supervision and housing adjustment would correct.
6. Mother is overwhelmed by circumstances—6 children in 7 years. Conditions would improve if father would co-operate. Family limitation, close supervision and housing adjustment would help.

Number of families in which conditions are unlikely to alter.—These number 22 and the reasons put forward are here listed :—

1. Antagonism between parents.
2. Mother M.D. and immoral. Father has deserted.
3. Father psychopath, drunken bully and oversexed. Mother wishes to divorce him.
4. Poor mental health of mother—under Mental Health Department.
5. Incompatibility of parents.
6. M.D. mother.
7. Father habitual criminal—mother low mentality.
8. Subnormal intelligence of mother and instability of father.
9. Mother poor mentality—seeks adoption for each successive child.
10. Mother poor mentality—husband unfaithful.
11. Father epileptic, mother psychopath.
12. Antagonism between parents—mother subnormal mentally, father unstable.
13. Character of husband—drunken wife-beater.
14. Both parents immoral.
15. Incompatibility of parents—both unstable.
16. Father deserted—mother incapable of bringing up her family.
17. Mother's poor mentality.
18. Mother irresponsible, poor mentality.
19. Both parents are of poor mentality.
20. Mother has severe epilepsy—incapable. Husband lazy.
21. Mother unstable, brought up in " Homes ". Frequently leaves home.
22. Mother psychopathic personality—husband has deserted.

Reports on the remaining 22 families indicate doubt as to whether betterment is likely.

Agencies Involved. 2 families are known to at least 7 agencies.
3 families are known to at least 6 agencies.
7 families are known to at least 5 agencies.
5 families are known to at least 4 agencies.

It is significant that most of the families are known to several agencies, all of which are giving material help of one kind or another. Whether a family is helped to regain its self-respect by being the focus of attention of six or seven different visitors, each dispensing help, is doubtful. It would surely be preferable that one or two organisations should be responsible for the personal visiting of each family and, towards that end, the compiling of a central register of such families would be an advantage in co-ordinating efforts and preventing overlapping. This register would necessarily be of a strictly confidential nature, and for the use only of those agencies actively concerned with the family in its difficulties.

It must be emphasised that while assistance is being given to these families to enable them to survive intact, all the resources of social and preventive medicine must be concentrated on devising means of educating to better standards those children whose knowledge of home is the wretched material environment and unhealthy emotional climate inherent in their Problem Family Circle.

DENTAL SERVICES

Report on the Dental Treatment provided in the School Health Service Dental Clinics for Pre-School Children, Expectant and Nursing Mother Patients and Others, during 1952.

As in previous years, the shortage of dental officers imposed severe restrictions on the number to whom dental inspection and treatment could be offered. The death of the Senior Dental Officer in March, 1952, reduced the number of dental surgeons to the present strength of six officers, while in August the oral hygienist resigned when she left the City following her marriage.

Pre-School Children.—Dental treatment was provided for those whose parents requested it and who were referred by the doctors from the Maternity and Child Welfare Centres throughout the City. They were accompanied by a medical certificate, giving the dentist any relevant information about their general condition, and advice as to their fitness for a general anæsthetic. In the large majority of cases the treatment required was for the relief of toothache.

Apart from those children who attend the Education Committee's Nursery Classes, 246 pre-school children attended and received the treatment shown in the following statement :—

Number of Children	Attendances	Extractions	Gas and Oxygen Anæsthetic	Fillings	Other Treatment
246 (318)	298 (367)	503 (587)	254 (339)	1 (2)	43 (26)

(The figures in brackets are for the previous year and are given for convenient reference and comparison).

Expectant and Nursing Mothers.—The cases were referred by the examining doctors at the Maternity and Child Welfare Centres. Dental inspection and treatment was offered first to those who requested it, and whose mouths were found by the doctors to be in a reasonably good condition. This policy ensures that mouths with minor defects can be quickly restored to a healthy condition by conservative treatment where it is necessary. Secondly, patients with more neglected mouths were given the opportunity of inspection and treatment up to an estimated load of ten per cent. of the dental surgeons' time.

At the dental inspection, the patients were told what treatment was required, and were then asked whether they wished to have the treatment carried out in the School Health Service Clinics or whether they preferred to go to a dentist in private practice.

The acceptance rate is very high—88·5 per cent., but this is not a true figure as an appreciable number fail to keep their appointments, mainly amongst those requiring fillings. Once treatment has commenced, however, very few fail to have the prescribed course completed.

The following statements give details of the findings at the inspection sessions and of the treatment carried out during the year. The figures in brackets are for the previous year and are given for comparison.

Number of cards issued by Welfare Clinics	Number of patients attending for inspection at the dental clinics	Number found to require treatment	Number refusing treatment or obtaining treatment privately
429 (476)	321 (303)	321 (302)	37 (13)

Number accepting treatment 284 (88·5 per cent.).

Details of treatment found to be required at inspection are as follows :—

Fillings	Extractions	Scalings	X-rays	Dentures		Gum Treatment
				Partial	Full	
1,069 (1,007)	1,201 (1,052)	267 (280)	18 (30)	146 (143)	44 (40)	26 (62)

Treatment carried out during the year is detailed below :—

Fillings	Extractions	Scaling and Gum Treatment	X-rays	Dentures		Anæsthetics		* Miscellaneous
				Partial	Full	Local or Regional	Nitrous Oxide and Oxygen	
293	782	237	39	59 +1 repair	23	90	159	301
(343)	(899)	(278)	(48)	(93+ 2 repairs)	(57)	(183)	(108)	(457)

* This includes dressings, impressions, " bites " and " try-ins " for denture work.

The number of appointments made for dental treatment during the year was 1,413 (1,754) and of these 993 (1,216) were kept, showing an attendance rate of 65·8 per cent. (69·3 per cent.).

118 (187) expectant and nursing mothers had their course of treatment completed.

Specialist Anæsthetist.—In November 1951, a part-time specialist anæsthetist was appointed to the School Dental Service, and he has been the anæsthetist for all the expectant and nursing mothers who have required extractions under a general anæsthetic during the past year.

At the dental inspections, many of the patients needing extractions express a strong desire for " gas ", even though in some instances they are anxious lest the anæsthetic should upset their condition. The services of a specialist anæsthetist are particularly valuable in dealing with this class of patient.

Oral Hygienist.—The treatment which may be carried out by a trained oral hygienist, under the supervision of a dental surgeon, consists of scaling, cleaning and polishing, and the topical application of certain medicaments to the teeth, together with instruction in oral hygiene.

Most of the patients inspected have received treatment from the oral hygienist and have greatly appreciated her services, technically, educationally and perhaps most of all from a cosmetic point of view.

Her resignation in August left a vacancy which it has not yet been possible to fill, although it is hoped to find a successor early in 1953.

Dental Technician.—All the laboratory work for the dentures supplied to expectant and nursing mothers was carried out by the full-time technician employed by the School Health Service.

In this branch of dental treatment, the value of a skilled technician on the premises cannot be over emphasised. The saving in time for the patient and the dental surgeon is valuable, but the most important factor is the increased efficiency which is made available at all stages of denture construction.

Dental Attendants.—One of the findings of the 1948 Committee of Enquiry on Dental Attendants was the " high value set upon the services of a properly trained chairside assistant both in private and public dentistry ". The Sheffield Education Authority has always appreciated this, and provided such an assistant for each dental officer.

The dental surgeons recognise them as a major aid to their own efficiency, but to the patients they are much more than assistants to the dentists. Their courtesy, patience, sympathy and ability to reassure the most apprehensive patient, make their services invaluable.

MIDWIFERY

At the end of the year 1952, in the Municipal Domiciliary Midwifery Service, there were 45 Midwives directly employed by the Council and two employed by the Jessop Hospital for Women, under arrangements with the Council.

The Midwives directly employed by the Council attended 1,589 confinements as Midwives and 1,254 as Maternity Nurses during the year 1952, the corresponding figures for the year 1951 being 1,693 and 1,218 respectively. The Midwives engaged by the Jessop Hospital for Women attended 74 cases during the year, all in the capacity of Midwife, as against 74 in 1951.

Patients applying for the services of Midwives to attend in the capacity of Midwife in the Municipal Midwifery Service are encouraged to remain under supervision at an ante-natal clinic at one of the Maternity and Child Welfare Centres. Where abnormalities necessitating hospital treatment arise during the ante-natal period, the engagement of the domiciliary midwife is cancelled and arrangements are made with the patient for her admission to the maternity section of either the City General Hospital or the Nether Edge Hospital.

The following statement gives particulars of the visits made by the Midwives in the year 1952 :—

Home visits during the ante-natal period	10,596
Nursing visits during the 14 days after confinement	51,124
Nursing visits after the first 14 days	607
Visits to mother confined in hospital and discharged home before the 14th day	4,106
Total	66,433

The Domiciliary Midwives made 1,702 attendances at ante-natal sessions during the year, compared with 1,155 in 1951. The sessions are held weekly and are arranged so that the midwives carry out ante-natal care on the patients they are booked to attend during confinement.

During the year, satisfactory arrangements between the Hospitals and the Local Authority continued, whereby all patients discharged home before the 14th day were notified to the Medical Officer of Health and passed to the Domiciliary Midwife for care up to the 14th day, in accordance with the requirements of the Central Midwives Board. 1,909 mothers and babies were transferred in this manner, and 4,106 visits were made to them.

All the Midwives directly engaged by the Council are qualified to administer Analgesics and possess sets of apparatus for this purpose. During the year, they administered Gas and Air Analgesia to 755 women whilst acting in the capacity of Midwife and to 717 women whilst acting in the capacity of Maternity Nurse. During the same period, Pethidine was administered in 457 confinements conducted by the Midwives, and in 572 confinements by Midwives acting as Maternity Nurses.

Medical Aid Calls.—There were 637 cases in which medical aid was summoned by Midwives during the year under Section 14 (1) of the Midwives Act, 1918, as against 591 in 1951. Particulars of these calls are as follow :—

Condition occurring during Pregnancy	70
Condition occurring during Labour	307
Condition occurring during Puerperium	89
Condition occurring during the nursing of the Infant	171
Total	637

Maternity Packs.—Sterilised Maternity Outfits were supplied throughout the year for use at all home confinements.

Domiciliary Care of Premature Infants.—This service commenced on the 4th April, 1952, when two Midwives were seconded to the work, each having spent one month in Newcastle-upon-Tyne, working with the special unit caring for Premature Infants in that City.

Eight sets of equipment to help in the nursing of these infants are available free of charge, each comprising of the following items :—

Cot, mattress, blankets and bedding, hot-water bottles, wall thermometers, cot thermometers and feeding equipment.

Two Queen Charlotte Oxygen Tents are also available and, although oxygen has not yet been used on the district, the tents have proved useful incubators.

The equipment is housed at Firth Park Welfare Centre and transport is provided by the Ambulance Service.

The following statement gives a summary of the work carried out from the date of commencement to the end of the year 1952 :—

Weight Group	Number of Premature Infants born at home	Remarks
1. 2½ lbs. and under ...	—	—
2. 2 lbs. 9 ozs.—3½ lbs....	—	—
3. 3 lbs. 9 ozs.—4½ lbs....	23	3 were removed to hospital for the following reasons :— (1) Emergency case, mother in verminous condition. (2) Parents not co-operative in maintaining heat. (3) Lobar pneumonia at 6 weeks of age.
4. 4 lbs. 9 ozs.—5½ lbs....	34	2 were removed to hospital for the following reasons :— (1) Pyrexia. (2) Cerebral Thrombosis. 1 was transferred to the District Nurse because of profuse discharge from eyes at birth. 3 died at home from the following causes :— (1) Birth Trauma. (2) Prematurity. (3) Prematurity with multiple deformities.

Equipment was loaned in 26 of the above cases.

Breast Feeding was established and maintained as follows :—

Group 3. 16 infants were fully breast fed and 4 complemented.
Group 4. 23 infants were fully breast fed and 5 complemented.

Close supervision beyond the 14th day of the puerperium would appear to be essential in the establishment of breast feeding and its maintenance. The midwives visited in some instances until the sixth and seventh week.

13 premature infants born in hospital and discharged home were supervised for a period by the staff of this unit ; of these, 8 were breast fed and 5 artificially fed on discharge from hospital.

A total of 1,614 visits was paid as follows :—767 to infants in Group 3, 743 to infants in group 4 and 104 to infants discharged home from hospital.

Pupil Midwives.—Approval was granted during 1952 by the Central Midwives' Board to the appointment of three District Midwives as teachers of pupil midwives. 21 pupil midwives received training during the year with the approved district teachers in preparation for the Examination of the Central Midwives' Board.

Midwives' Meetings.—During the year, ten Midwives' Meetings were held, and a visit arranged to the Blood Transfusion Centre was greatly appreciated by the staff.

Supervision and Inspection.—The statement below gives details of visits which were carried out during the year for the purpose of supervision and inspection :—

Visits to private midwives	8
Visits to nursing homes	11
Visits to Midwives in their own homes	158
Rounds on the district with Midwives	74
Visits to ante-natal sessions	51
Interviews with Midwives in the office	456

Post-graduate Courses.—Five Midwives attended residential post-graduate courses during 1952, three going to Birmingham and two to an intensive course for teacher midwives in London.

Midwives in Domiciliary Practice in the City.—At the end of the year there were 56 trained Midwives, inclusive of Municipal Midwives, in practice in Domiciliary Midwifery in the City. They consisted of 45 Municipal Midwives, two engaged by the Jessop Hospital for Women and nine in private practice.

HEALTH VISITING

At the end of the year 1952, the staff of Health Visitors consisted of a Superintendent Health Visitor (Vacancy), a Deputy Superintendent Health Visitor, two Superintendents of Infant Welfare Centres, 31 full-time qualified Health Visitors and one part-time qualified Health Visitor. In addition, there were ten Student Health Visitors, all of whom were taking the training course and will return to the Department on obtaining the Health Visitors' Certificate and remain for at least two years.

The Health Visitors are required to undertake visiting for the purpose of general supervision in connection with the care of expectant and nursing mothers and young children, and, under the National Health Service Act, 1946, this function has been extended to include the general care and health education of the household as a whole. In this work their activities extend into the field of prevention of illness, and care and after-care for all members of the family. The Health Visitor is developing into the general purpose social worker for which her training as a nurse and midwife, together with the special training required to qualify as a Health Visitor, is eminently suitable. Her work brings her into contact with the family at times when the outlook arising as a result of this training is appreciated.

Ten Health Visitors are attached to the hospital in their respective areas, and they visit the hospital Almoner at least once a week, to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person being discharged from hospital. In the case of a child, where the home conditions are unsuitable for immediate reception, discharge from hospital is delayed until satisfactory arrangements can be made. Emergency cases are dealt with by telephone. Information is given to the Health Visitor for the district in which the out-going patient lives, and she arranges for the necessary help to be given, *e.g.*, services of a domestic help, bedding, diet, reports to the Medical Officer of Health in cases of housing difficulties, and those matters which need to be referred to other Departments and outside Authorities.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patient to keep under regular supervision and continue with the necessary treatment. A report is sent to the hospital in all these cases.

The scheme whereby Health Visitors contact Medical Practitioners in their area has been continued during the year. The Health Visitor calls upon the Doctor in order to discuss with him any case he may wish her to follow up, or the Doctor contacts the Health Visitor and arranges for her to visit some of his patients. This is a section of the work in which we are very interested, and hope that as the staff increases we shall be able to extend the service considerably.

The Health Visitors are responsible for all the home visits of patients suffering from tuberculosis. Contact with the Chest Clinic is assured by the daily visit to the Welfare Centre of a member of their staff, and in addition the Health Visitors are able to visit the Chest Clinic and discuss their cases with the Medical Staff. They carry out " follow up " work in connection with tuberculous patients, visit notified cases and arrange for contacts to attend the Chest Clinic, giving special attention to children. Babies of tuberculous mothers are treated with B.C.G. vaccine, and where possible, arrangements are made for a suitable relative to take charge of the child for the necessary period of segregation. Every effort is made by the Department to arrange for the babies to remain in the care of their own families, but where this is impossible, foster-parents are employed for the segregation period. These babies are closely supervised by the Superintendent and Deputy Superintendent Health Visitor. In response to a request by the Department of Child Health of the Sheffield University and the Children's Hospital, the Medical Officer of Health agreed to the arrangement whereby the Health Visitors visit the homes and apply a skin test to children up to three years of age, who are contacts of notified tuberculosis.

In connection with visits made to young children, the Health Visitors have access to the records of every Sheffield child shortly after birth, and the welfare of these children is supervised at the discretion of the Health Visitor until the child is five years of age, when all necessary records are transferred to the School Health Service. Special investigations are made in connection with children suffering from whooping cough and rheumatism.

A request was sent by the Medical Officer of Health to the various hospitals for particulars of children under 5 years of age who have received treatment on account of accident, burns, and scalds. As a result, regular information is now received regarding such cases and visits are paid to their homes in the hope that suitable preventive measures can be arranged in order to avoid further accidents.

Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children, are investigated by the Health Visitors, and such cases are kept under regular supervision. It is found that through past work in this direction more cases are being reported to the Department at an early stage by some relative of the family who is concerned regarding the welfare of a child and is seeking assurance that every possible care shall be given. Information received is confidential and, as knowledge of the nature of the work becomes widespread, more cases are revealed to the Department. During the year, very adequate co-operation has been received from the Inspectors of the National Society for Prevention of Cruelty to Children, and much valuable information has been exchanged at the Co-ordinating Committee's meetings which are attended by the Deputy Medical Officer of Health and the Deputy Superintendent Health Visitor.

Two Health Visitors have continued to attend the Case Committee of the Council of Social Service and so ensure a closer liaison between the two Departments.

During the year, many requests have again been received for help from, and in connection with, people suffering from old age and infirmity ; many of these requests are from the clergy, voluntary societies, National Assistance Board Officers, relatives and neighbours. Every case is visited by a Health Visitor and, where possible, help is given. In cases of illness, a Domestic Help is supplied on production of a medical certificate. Where help is granted to an aged person, such person is kept under regular supervision if necessary.

In the course of duty, considerable help has been received from the National Assistance Board Officials in the supply of bedding, clothing, and money grants where special diet was necessary. It has always been found that these officers were anxious to help to the fullest possible extent.

In the last six months, much work has been expended on a scheme by which close co-operation between the Geriatric Unit at Firvale Infirmary and this Department has been established. Each month a case conference is held which is attended by a representative of the Social Care Department, the Medical Officer in charge of the Unit, the Ward Sister and Health Visitors. All cases considered fit for discharge home are reviewed, and the home conditions are investigated by the Health Visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding that, should deterioration take place, immediate re-admission can be arranged. In the investigation of the homes, frequently several visits have to be paid in order to interview responsible relatives, and at times it is difficult to persuade the relatives that it is to the advantage of an old person to be discharged to his own home. The fact that the Domestic Help Service operates from the Maternity and Child Welfare Centre has been of great assistance when dealing with the requirements of old people, as to a great extent it is known before making arrangements what is available in the nature of domestic help.

In the course of work amongst the aged it is found that some old people, especially those living alone, are incapable of taking a bath. In such cases arrangements can be made through the Department for a male or female attendant to visit weekly to give assistance. When people requiring this service are mobile, arrangements can be made for a bath at the cleansing station, and during the year a few people have been transported by ambulance car for this purpose. It is not considered necessary for a trained nurse to attend these cases ; the work of the attendants has been satisfactory and fills a need.

A scheme is in force whereby medical and social science students of the Sheffield University, in the course of their practical work, accompany the Health Visitors on their rounds to enable them to gain an insight into the living conditions of people in their own homes. In September, 1951, a similar scheme was inaugurated whereby senior student nurses from the Children's Hospital accompany Health Visitors on the district for two days in order to obtain an idea of the domiciliary side of the work. This service was in operation throughout 1952. Students from the City General Hospital have also attended in small groups to see the work of the clinics.

The Health Visitors also give assistance to the School Medical Service by visiting cases of scabies and families in verminous condition, which are reported from time to time to the Medical Officer of Health.

During the year there has been co-operation with the V.D. Centre. On receipt of information from the Centre regarding defaulters, the Health Visitor calls on patients in their own homes and advises them in the hope that they can be persuaded to continue attendance at the clinics.

All applications which do not conform with the usual requirements for admission to the Department's Nurseries are submitted to the Supervisory Matron of Nurseries, and the Health Visitor provides a report on the home circumstances and the need for the admission of the children to the Nurseries.

In addition to the above services, the Health Visitors attend clinics which are held for mothers and children at the twenty Maternity and Child Welfare Centres. During the year 1952, they made an aggregate of 7,176 attendances at Infant, Ante-natal, Post-natal, and other clinics in the Maternity and Child Welfare Services, and at Nurseries.

During the year, a total of 90,918 visits was paid by Health Visitors. A summary of these visits is given in the table which follows :—

TABLE XXIV.—*Summary of Visits of Health Visitors during the year* 1952.

		Number of Visits.
Infants under 1 year—First Visits	7,382	
Subsequent Visits	16,365	
		23,747
Infants between 1 and 5 years of age		51,688
Acute Rheumatism in Children		22
Whooping Cough		1,928
Scabies		40
Ophthalmia Neonatorum		13
Ex-Hospital Cases *re* After-Care		74
Expectant Mothers—First Visits	390	
Subsequent Visits	51	
		441
Post-Natal Cases		56
Puerperal Pyrexia		333
Tuberculosis—Pulmonary	7,015	
Non-Pulmonary	765	
		7,780
Diphtheria Immunisation Visits		865
Domestic Help Service		753
Old People		1,615
Visits in regard to :—		
Investigation of Infant and Maternal Deaths		21
Home Conditions		683
Handicapped Persons		268
Other Reasons		591
TOTAL		90,918

Ophthalmia Neonatorum.—There were 11 notifications of Ophthalmia Neonatorum during the year 1952, and it is gratifying to report that the vision was unimpaired in all cases following the treatment given. The Health Visitors paid 13 visits to these cases.

Since 1st April, 1914, when Ophthalmia Neonatorum became compulsorily notifiable by medical practitioners, great strides have been made in the prevention and treatment of this disease. In 1914, there were 221 notifications and, of these, five babies died during the illness, and nine had damage to the eyes. During the 20 years, 1914 to 1933 inclusive, there were 3,468 notifications (an average of 173 cases per year) and 53 of these cases resulted in damage to the eyes. In the following 19 years, from 1934 to 1952 inclusive, there were 357 notified cases, an average of 19 per year, and during this period there was no damage to the eyes following treatment given in any case.

This improvement is mainly attributed to the intensive ante-natal supervision and in addition, in later years, to the use of sulphonamide and penicillin treatments.

Care of Premature Infants.—With a view to obtaining immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the Health Visitors so that special attention may be given.

In addition, where a Municipal Midwife is attending at a premature birth, she continues visiting beyond the usual period of 14 days.

When premature babies are discharged from Hospital, frequent visits are made by a Health Visitor to ensure that the child receives proper care and attention.

Information is given in the statement below regarding the 472 premature babies born in 1952 to mothers who were resident in the City.

	Born at Home.	Born in Hospital or Nursing Home.
Died in first 24 hours	4	35
Died on 2nd to 7th day	7	19
Died on 8th to 28th day	1	3
Survived 28 days	99	303
Result not known	—	1
TOTALS	*111	361

*Of the 111 babies born at home, 97 were nursed entirely at home and 14 were transferred to Hospital.

Of the 14 transferred to Hospital, none died during the first 24 hours, 3 died on the 2nd to 7th day, 1 died on the 8th to 28th day, and 10 survived 28 days.

Further information is given in the following tables with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1952 and during the past seven years.

TABLE XXV.—*Premature Babies born alive to*

Weight at Birth	Total	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	Total born in Hospital or Nursing Home	Survived 28 days	Died under 28 days	Result not known
1946									
Up to 2 lb. 8 oz.	28	1	27	—		15	1	14	—
2 lb. 9 oz.—3 lb. 8 oz. ...	58	24	34	—		41	14	27	—
3 lb. 9 oz.—4 lb. 8 oz. ...	136	114	22	—		90	77	13	—
4 lb. 9 oz.—5 lb. 8 oz. ...	422	393	29	—		227	213	14	—
Weight not stated ...	1	—	1	—		—	—	—	—
TOTAL	645	532	113	—	82·5	373	305	68	—
1947									
Up to 2 lb. 8 oz.	31	4	27	—		26	4	22	—
2 lb. 9 oz.—3 lb. 8 oz. ...	51	12	39	—		27	9	18	—
3 lb. 9 oz.—4 lb. 8 oz. ...	131	106	25	—		88	76	12	—
4 lb. 9 oz.—5 lb. 8 oz. ...	395	372	23	—		236	223	13	—
TOTAL	608	494	114	—	81·2	377	312	65	—
1948									
Up to 2 lb. 8 oz.	25	3	22	—		21	2	19	—
2 lb. 9 oz.—3 lb. 8 oz. ...	47	20	27	—		33	16	17	—
3 lb. 9 oz.—4 lb. 8 oz. ...	111	91	20	—		77	66	11	—
4 lb. 9 oz.—5 lb. 8 oz. ...	355	332	23	—		204	189	15	—
TOTAL	538	446	92	—	82·9	335	273	62	—
1949									
Up to 2 lb. 8 oz.	39	1	38	—		32	1	31	—
2 lb. 9 oz.—3 lb. 8 oz. ...	50	18	32	—		37	13	24	—
3 lb. 9 oz.—4 lb. 8 oz. ...	102	81	21	—		70	60	10	—
4 lb. 9 oz.—5 lb. 8 oz. ...	307	288	19	—		192	175	17	—
TOTAL	498	388	110	—	77·9	331	249	82	—
1950									
Up to 2 lb. 8 oz.	29	2	27	—		26	2	24	—
2 lb. 9 oz.—3 lb. 8 oz. ...	48	25	23	—		39	20	19	—
3 lb. 9 oz.—4 lb. 8 oz. ...	114	91	23	—		81	64	17	—
4 lb. 9 oz.—5 lb. 8 oz. ...	321	302	19	—		214	203	11	—
Weight not stated ...	3	1	2	—		—	—	—	—
TOTAL	515	421	94	—	81·7	360	289	71	—
***1951**									
2 lb. 3 oz. or less	15	—	15	—		12	—	12	—
Over 2 lb. 3 oz.—3 lb. 4 oz.	31	16	15	—		24	13	11	—
Over 3 lb. 4 oz.—4 lb. 6 oz.	89	68	21	—		72	57	15	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	110	93	17	—		82	69	13	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	232	220	11	1		133	125	8	—
Weight not stated ...	1	—	1	—		—	—	—	—
TOTAL	478	397	80	1	83·1	323	264	59	—
1952									
2 lb. 3 oz. or less	14	1	13	—		13	1	12	—
Over 2 lb. 3 oz.—3 lb. 4 oz.	30	15	15	—		28	15	13	—
Over 3 lb. 4 oz.—4 lb. 6 oz.	92	75	17	—		75	59	16	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	106	97	9	—		80	72	8	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	227	214	12	1		165	156	8	1
Not weighed	3	—	3	—		—	—	—	—
TOTAL	472	402	69	1	85·2	361	303	57	1
Total for years 1946-1952	3754	3080	672	2	82·0	2460	1995	464	1

NOTE.—Records have been kept of all cases notified from 1-1-46; as a result, the total figure

* Commencing with the year 1951, the weights at birth are shown in

Sheffield Residents, Years 1946-1952.

% survived 28 days	Total born at Home	Nursed entirely at Home	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	Born at home and transferred to Hospital	Survived 28 days	Died under 28 days	Result not known	% survived 28 days
	13	10	—	10	—		3	—	3	—	
	17	14	8	6	—		3	2	1	—	
	46	38	31	7	—		8	6	2	—	
	195	180	170	10	—		15	10	5	—	
	1	1	—	1	—		—	—	—	—	
81·8	272	243	209	34	—	86·0	29	18	11	—	62·1
	5	3	—	3	—		2	—	2	—	
	24	19	3	16	—		5	—	5	—	
	43	41	29	12	—		2	1	1	—	
	159	149	143	6	—		10	6	4	—	
82·8	231	212	175	37	—	82·5	19	7	12	—	36·8
	4	2	—	2	—		2	1	1	—	
	14	9	3	6	—		5	1	4	—	
	34	29	23	6	—		5	2	3	—	
	151	141	134	7	—		10	9	1	—	
81·5	203	181	160	21	—	88·4	22	13	9	—	59·1
	7	7	—	7	—		—	—	—	—	
	13	8	2	6	—		5	3	2	—	
	32	23	17	6	—		9	4	5	—	
	115	109	107	2	—		6	6	—	—	
75·2	167	147	126	21	—	85·7	20	13	7	—	65·0
	3	—	—	—	—		3	—	3	—	
	9	8	5	3	—		1	—	1	—	
	33	22	20	2	—		11	7	4	—	
	107	101	94	7	—		6	5	1	—	
	3	1	—	1	—		2	1	1	—	
80·3	155	132	119	13	—	90·2	23	13	10	—	56·5
	3	2	—	2	—		1	—	1	—	
	7	1	1	—	—		6	2	4	—	
	17	11	8	3	—		6	3	3	—	
	28	21	21	—	—		7	3	4	—	
	99	91	90	—	1		8	5	3	—	
	1	1	—	1	—		—	—	—	—	
81·7	155	127	120	6	1	94·5	28	13	15	—	46·4
	1	—	—	—	—		1	—	1	—	
	2	1	—	1	—		1	—	1	—	
	17	13	12	1	—		4	4	—	—	
	26	24	24	—	—		2	1	1	—	
	62	57	53	4	—		5	5	—	—	
	3	2	—	2	—		1	—	1	—	
83·9	111	97	89	8	—	91·8	14	10	4	—	71·4
81·1	1294	1139	998	140	1	87·6	155	87	68	—	56·1

for 1946 includes nine premature babies who were born at the end of 1945.
five groups as compared with four in previous years.

TABLE XXVI.—*Premature Babies born alive to Sheffield Residents during the Year* 1952.

	Not weighed	2 lbs. 3 ozs. or less	Over 2 lbs. 3 ozs. to 3 lbs. 4 ozs.	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Total
Born at Home	3	1	2	17	26	62	111
Born in Hospital or Nursing Home ...	—	13	28	75	80	165	361
Grand Total—Premature Babies ...	3	14	30	92	106	227	472
Died in First 24 *hours*							
Born at home	1	—	1	1	—	1	4
Born in hospital or Nursing home ...	—	12	10	8	2	3	35
	1	12	11	9	2	4	39
Died on 2nd to 7th day							
Born at home	2	1	—	—	1	3	7
Born in hospital or nursing home ...	—	—	2	8	5	4	19
	2	1	2	8	6	7	26
Died on 8th to 28th day							
Born at home	—	—	1	—	—	—	1
Born in hospital or nursing home ...	—	—	1	—	1	1	3
	—	—	2	—	1	1	4
Total who died during first 28 *days.*							
Born at home	3	1	2	1	1	4	12
Born in hospital or nursing home ...	—	12	13	16	8	8	57
	3	13	15	17	9	12	69
Total who survived 28 *days.*							
Born at home	—	—	—	16	25	58	99
Born in hospital or nursing home ...	—	1	15	59	72	156	303
	—	1	15	75	97	214	402
Result not known.							
Born at home	—	—	—	—	—	—	—
Born in hospital or nursing home ...	—	—	—	—	—	1	1
	—	—	—	—	—	1	1
Percentage of those born at home who died during the first 28 *days*	100%(3)	100%(1)	100%(2)	5·9% (1)	3·8% (1)	6·5% (4)	10·8%(12)
Percentage of those born in hospital or nursing home who died during the first 28 *days*	Nil	92·3%(12)	46·4%(13)	21·3%(16)	10·0%(8)	4·8% (8)	15·8%(57)
Percentage of all premature babies who died during the first 28 *days*	100%(1)	92·9%(13)	50·0%(15)	18·5%(17)	8·5%(9)	5·3%(12)	14·6%(69)

Total Live Births to Sheffield Residents Notified during 1952	Number of Premature Births	Percentage of Premature Births to Total Live Births
6,929	472	6·81%

Total Still Births to Sheffield Residents Notified during 1952	Number of Premature Births	Percentage of Total Still Births to Premature Births
145	472	30·72%

14(0·20%) of all live births weighed 2 lbs. 3 ozs. or less.
30(0·43%) of all live births weighed over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.
92(1·33%) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.
106(1·53%) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.
227(3·28%) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.
3(0·04%) were not weighed.

HOME NURSING

The arrangements of the City Council for the provision of a Home Nursing Service, as required by the National Health Service Act, 1946, continued to work satisfactorily during the year 1952.

All the voluntary associations who originally provided Home Nursing on an agency basis have now ceased to do so and the nurses previously employed by them have been transferred to the direct employment of the City Council. Thus the whole of the Home Nursing Service in the City is now under the direct administration of the Council.

There are two principal Nurses' Homes—The Johnson Memorial Home and the Princess Mary Home—together with five subsidiary homes situated in the Handsworth, Manor, Woodhouse, Intake and Darnall areas. These homes cover the whole area of the City.

The two principal homes are " Key " training centres, i.e., they are recognised by the Queen's Institute of District Nursing as centres for a full course of training, and Miss M. A. Reeves, Superintendent of the Johnson Memorial Home, holds the Honorary post of Examiner to the Institute of District Nursing. All candidates must be State Registered Nurses ; in practice some are also State Certified Midwives or hold the Health Visitors' Certificate. The training for district work is of four or six months' duration according to whether or not the candidate holds the additional Certificate of the Central Midwives Board and, if successful in passing the examination on the completion of the course, the candidate is entered upon the roll of Queen's Nurses. During the year under report, 11 candidates undertook the course of training and all were successful.

Authority has been given by the Council for the attendance at refresher courses of four Home Nurses during any one year and, in 1952, two nurses attended at the Association of Queen's Nurses Spring School. In addition, both Superintendents of the principal Nurses' Homes attended the Standing Conference of Training Home Superintendents and the First Assistant Superintendent at the Johnson Memorial Home attended a course for Administrators in the Public Health Nursing Service, arranged by the Queen's Institute of District Nursing.

The North Eastern Federation of Members of the Queen's Institute of District Nursing were invited to hold their September meeting in Sheffield. Arrangements were made for the members to visit the Firth Park Maternity and Child Welfare Centre and also to inspect a model of the proposed conversion of this building into a Health Centre. The Princess Mary Nurses' Home was also visited and the meeting of the Federation was then held at the Johnson Memorial Home. The Lord Mayor and Lady Mayoress kindly consented to take tea with the members after the meeting.

The Home Nursing Service is completely integrated into the other branches of the health services. A close liaison exists between the nurses, general practitioners, hospitals, health visitors and other services such as Care and After-Care, Home Helps, etc. The service is well known to the practitioners in the City and is very much used by them in order to assist in the nursing of patients in their own homes. Many patients are thus able to remain at home with their families who otherwise would have been admitted to hospital, or are enabled to return from hospital earlier than if there had been no district nursing service. From the outset the doctor and nurse work as a team, maintaining close contact regarding patients being nursed.

Arrangements also exist whereby a patient may be attended by a nurse after discharge from hospital. The nurse is informed of the patient's needs and the necessary action is taken. However, it is felt that a great deal more could be done in this aspect of the service. A development of the care of the patient discharged from hospital was envisaged whereby they could be discharged to their homes much earlier, thus releasing hospital beds. With a team consisting of the general practitioners, the home nurse, the health visitor and ancillary services such as home helps, etc., skilled care could be made available to patients at home and the continuance of medical and nursing care ensured. This scheme was made available, in the first instance, to one hospital in the City in order to see how it worked. The hospital was asked to refer suitable cases to the health visitor, who would visit the patient's family and contact the general practitioner in order to see whether the doctor would take the case. If the circumstances were suitable, the health visitor would contact the home nurse and, in conjunction with her, arrange with the Care and After-Care Service for the loan of any necessary nursing appliances (Bed Rests, Bed Pans, Air Rings, etc.). In addition, if required, the services of a home help would be obtained. However, the response from the hospital has been very disappointing ; only one case has been referred for early discharge during the year and the family stated that they were quite able to look after the patient themselves.

At the end of the year 1952 there were 69 District Nurses—30 full-time and 39 part-time—employed by the Council.

The work carried out by the nurses, during the year 1952, is summarised as follows :—

Number of cases on the Register at 1st January, 1952	1,206
Number of new cases attended by the nurses during the year	4,758
Total number of cases attended by the nurses during the year	5,964
Number of cases removed from the Register during the year	4,632
Number of cases on the Register at 31st December, 1952	1,332

Number of cases of notifiable and other diseases attended by the District Nurses :—

Under five years of age	125	
Aged five to fifteen years	86	
Aged fifteen years or over	5,753	
		5,964

The cases attended by the nurses required the following :—

(i) General nursing	1,978	
(ii) Administration of enemas	1,056	
(iii) Injections	1,654	
(iv) Dressings	699	
(v) Bed Bathing	419	
(vi) Miscellaneous	158	
		5,964

Number of new cases added to the Register in the period :—

Referred by Medical Practitioners	3,617	
Referred by Hospitals	614	
Personal application at Nurses' Homes	341	
Referred from Maternity and Child Welfare Centres	142	
Personal application at Home Nursing Centre	40	
Referred by Social Workers	4	
		4,758

Classification of new cases :—

Medical	3,785	
Surgical	789	
Gynæcological	80	
Maternity	104	
		4,758

Number of cases removed from the Register in the period :—

Convalescent	1,953	
Admitted to Hospital	762	
Died	908	
Removed for other reasons	1,009	
		4,632

Included in the cases attended by the nurses were the following :—

Cancer	451
Heart diseases	689
Pneumonia	285
Diabetes	354
Frailties of Old Age	431
Bronchitis	267
Tuberculosis	65
Post-operative nursing	240
Anæmias	167
Intestinal diseases	295
Diseases of circulatory system	479
Uro-genital	149
Accidents	196
Asthma	57

The nurses made an aggregate of 163,955 visits during the year. On the average, each nurse attended a total of 86 cases and carried out 2,376 visits.

VACCINATION AND IMMUNISATION

On 5th July, 1948, the Appointed Day under the National Health Service Act, 1946, the Vaccination Acts ceased to have effect and the compulsory vaccination of infants against smallpox and the functions of Public Vaccinators came to an end. Under the new Act the City Council has the duty of making arrangements with all medical practitioners to provide free vaccination against smallpox and also free immunisation against diphtheria for all Sheffield residents who desire these services. Facilities are also available for vaccination and immunisation at Maternity and Child Welfare Centres, at Nurseries and at School Clinics by the Local Authority's own medical staff. The practitioner obtains the vaccine lymph and diphtheria prophylactic from a central store which has been established at the Laboratory at the City General Hospital.

In every case in which a medical practitioner undertakes vaccination or immunisation, he is asked to complete and send to the Medical Officer of Health a record card giving all the details which are necessary to maintain accurate records and facilitate payment.

Separate Reports follow with regard to the services of Vaccination and Immunisation :—

VACCINATION.

Information is given in the statement below relating to primary vaccination and revaccination in the years 1949 to 1952, and also, for purposes of comparison, in the period from 5th July to 31st December, 1948, the preceding months of 1948, and in the full year 1947.

Vaccination and Revaccination—Years 1947-1952.

Year.	Aged under 1 yr.	1 and under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over	Total
Persons Vaccinated					
1947	3,319	1,907	20	13	5,259
1948 (1st January to 4th July) ..	569	1,632	10	3	2,214
*1948 (5th July to 31st December) ..	747	36	12	26	821
*1949	565	584	30	90	1,269
*1950	705	1,058	82	145	1,990
*1951	781	1,151	99	309	2,340
*1952	763	876	60	269	1,968
Persons Revaccinated					
1947	—	—	—	—	—
1948 (1st January to 4th July) ..	—	—	—	—	—
*1948 (5th July to 31st December) ..	—	1	2	59	62
*1949	—	3	25	225	253
*1950	—	20	31	396	447
*1951	—	26	45	1,041	1,112
*1952	—	10	34	559	603

* As regards these periods the age quoted is that at 31st December. In previous periods it is the age when vaccinated.

It will be seen that following the introduction of voluntary vaccination there was a very marked decline in the number of primary vaccinations. In fact, the number of persons vaccinated during the year 1949 fell to 24 per cent. of the number for the year 1947. The position has improved during subsequent years, but the number of vaccinations during 1952 was still only 37 per cent. of the figure for 1947.

Infant vaccination provides young children with an immunity against smallpox, which can be expected to last at least until the age of beginning school ; it also ensures that the vaccination, performed perhaps as an emergency measure or as a routine procedure required by reason of service in the Forces or travel to a country where smallpox is prevalent, will be less likely to cause a severe local reaction resulting in temporary disability, or to be followed by encephalomyelitis, which is a rare but serious complication, especially in those vaccinated for the first time in adolescence.

The Ministry of Health Memorandum on Vaccination against Smallpox, issued in 1948, recommends the " multiple pressure technique " of introducing the vaccinia virus into the deeper layers of the epidermis. The operation is almost painless and severe local reactions are less likely than with the previous methods of linear insertion. The above technique consists of pressing the side of the needle point about 30 times into the area of skin covered by the drop of lymph.

DIPHTHERIA IMMUNISATION.

An efficient Diphtheria Immunisation Service existed in Sheffield since 1941 and it was not greatly changed by the introduction of the National Health Service Act, 1946.

A total of 6,494 children under 15 years of age completed the course of immunisation in the year 1952, as against 6,322 in 1951. The following statement gives particulars of the number of persons who have been immunised since 1937, the first year in regard to which there are records available :—

Year.	Number of persons who completed the course. Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over.	Total.
1937-40	347	241	—	588
1941	4,335	5,530	76	9,941
1942	8,995	22,145	257	31,397
1943	6,965	14,461	626	22,052
1944	5,489	2,669	51	8,209
1945	7,213	1,881	27	9,121
1946	7,717	1,660	16	9,393
1947	8,133	1,408	39	9,580
1948	8,511	817	10	9,338
1949	7,655	1,575	49	9,279
1950	5,201	688	17	5,906
1951	5,715	607	27	6,349
1952	5,688	806	20	6,514
TOTALS	81,964	54,488	1,215	137,667

It will be appreciated that within these age groups there is a considerable movement year by year owing to children attaining to a higher age group. After adjustment for this circumstance the records show the number of persons in the various age groups who had been immunised up to 31st December, 1952, to be as in the statement below :—

	Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over.	Total.
Number of persons immunised as at 31st December, 1952	21,014	68,040	48,613	137,667

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of five years, or when entering school. The following statement shows the number of children in the age group of five and under 15 years who have been given these injections from the outset, in May, 1944, until 31st December, 1952 :—

Year.	Number of children given reinforcing injections.
1944 (8 months)	1,972
1945	2,311
1946	5,006
1947	3,515
1948	4,146
1949	5,325
1950	3,603
1951	4,621
1952	5,409

The following statement gives a classification of primary immunisations completed and reinforcing injections given in the year 1952 :—

	Primary immunisations	Reinforcing injections
At Maternity and Child Welfare Centres ..	3,432	—
By School Health Service	945	3,761
At Hospitals	157	—
By General Medical Practitioners	1,980	1,648
TOTALS	6,514	5,409

Constant efforts are made to encourage more children to be immunised and parents are made aware, by every possible means, of the importance of availing themselves of this service in order that their children may obtain immunity. 55·59 per cent. of all children under five years of age and 92·95 per cent. of all children between 5 and 15 years of age in the City had been immunised by the end of 1952, as against 56·44 per cent. and 91·74 per cent. respectively at the end of 1951. During 1952, general medical practitioners carried out 30·39 per cent. of all immunisations as against 26·29 per cent. in 1951, 21 per cent. in 1949 and 11 per cent. in 1947. It is very pleasing to see this volume of preventive medical work being done by general practitioners.

There was one confirmed notification of diphtheria in the under 15 years age group in 1952, and no death, which compares very favourably with the 875 notifications and 21 deaths in this group thirteen years ago, in the year 1939, when very few children were immunised. Thus it would seem that mass immunisation has not only protected the large numbers of children inoculated but has also had the effect of lessening the likelihood of the disease occurring amongst the relatively small number of non-immunised children now remaining.

No arrangements have so far been made for protective inoculation against any diseases other than smallpox and diphtheria, although much research is proceeding throughout the country with a view to developing an effective whooping cough prophylactic.

At the request of the Minister of Health, Sheffield, like other Local Authorities, also supervises the certificates of inoculation against certain diseases for persons travelling abroad.

AMBULANCE SERVICES

The arrangements made by the City Council in July, 1948, for the provision of ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946, have been continued, and the unified services set up under the administration of the Health Committee have been operated without any major modification. The provisions of Section 24 of the National Health Service (Amendment) Act, 1949, were applied as from 1st March, 1950. This section placed the financial responsibility for the conveyance of certain persons, discharged from hospital within three months of admission, upon the authority from whose area they originally travelled.

The administrative centre and operational depot of the Service is at the Ambulance Station in Corporation Street ; 29 ambulances and four sitting case cars are sited at this Station, and a twenty-four hour service is provided for the conveyance of non-infectious cases. Four ambulances continue to operate from the Lodge Moor Hospital Station for cases of an infectious nature.

In addition to the services instituted under the Act dealing with Sheffield cases, arrangements have been made for mutual assistance with adjoining Authorities and, at the request of the West Riding of Yorkshire and Derbyshire Authorities, ambulance cover is provided in certain parts of their areas which are adjacent to the City. The agreements made with these Authorities include both routine and emergency calls. The arrangements for transmission and servicing of accident calls have been made applicable to an area coinciding with the Sheffield Telephone Exchange area, which extends into both the West Riding of Yorkshire and Derbyshire.

Agency arrangements were made between the Council and the British Red Cross (Sheffield Division) and the St. John Ambulance Brigade (Sheffield Corps) for the provision of an ambulance for occasional long distance journeys, and these voluntary organisations have each placed one ambulance at the disposal of the Service, as and when required.

Duties Undertaken.—There has been an increase of approximately six per cent. in the number of patients carried during the year and a slight increase in the total mileage run. There has also been a slight increase in the work done for some of the adjoining authorities.

In the main, the journeys undertaken have been associated with the conveyance of patients to and from Sheffield Hospitals and Treatment Centres, but, as mentioned above, the facilities provided are not limited to residents within the City, and a number of longer journeys have been made for conveying patients from Sheffield to more distant destinations.

There were altogether 217 journeys arranged for the conveyance of patients to distant destinations, resulting in 181 journeys by Ambulance or Ambulance Car and 28 journeys by Train and Ambulance. On several occasions it was possible to combine more than one destination in a single journey.

These journeys were mainly connected with the discharge of patients from Sheffield Hospitals, but 56 journeys were made to the Ministry of Pensions' Hospital and Limb Fitting Centres at Leeds, and 34 journeys to Convalescent Homes situated at Skegness, Market Bosworth and Ilkley were also undertaken.

The destinations of the various long distance journeys made by road, with the number of visits to each shown in parentheses, were as follows :—

Borrowash, Derbys. (1), Birkenhead, Cheshire (1), Birmingham (3), Bishop Auckland, Durham (1), Blackpool (1), Boston, Lincs. (10), Bridlington (1), Chaddesden, Derbys. (1), Cleethorpes, Lincs. (1), Derby (10), Grantham (5), Grimsby (5), Harrogate (1), Heanor, Notts. (1), Heswall, Cheshire (1), Hull (4), Hunstanton, Norfolk (2), Ilkeston, Derbys. (1), Ilkley, Yorks. (8), Leeds (56), Leicester (4), Long Eaton, Notts. (1), Loscoe, Derbys. (1), Manchester (5), Market Bosworth, Warwickshire (13), New Holland, Lincs. (1), North Somercotes, Lincs. (1), Nottingham (12), Oakham, Rutland (2), Ormskirk, Lancs. (1), Redcar, Yorks. (1), Risley, Derbys. (1), St. Annes, Lancs. (1), Scarborough (1), Skegness (13), Skellingthorpe, Lincs. (1), Sleaford, Lincs. (2), Southport (1), Spalding, Lincs. (1), Stockport (3), Swadlingcote, Staffs. (1), Wallasey, Cheshire (1), Warrington (1), Winterton, Lincs. (1), Wisbech, Cambs. (1), Woodhall Spa, Lincs. (2), Wrexham, Denbighshire (1), York (1).

The mileage run in performing this section of the work amounted to over 23,000 miles, and a further 5,000 miles was saved by the use of train transport.

The journeys undertaken by train were to the following destinations :—

Blackpool (1), Derby (2), Eastbourne (1), Grimsby (2), Hull (3), Leicester (2), Lincoln (1), Liverpool (4), London (6), Nottingham (2), Oakham (1), St. Annes (1), Skegness (1), Southport (1).

Special arrangements are made to deal with calls of an urgent nature, and emergency ambulances conveyed 4,793 patients as a result of either accident or sudden illness. There were also 30 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Cars were made available for the use of Municipal Midwives in the night hours when ordinary transport was not available, or in other emergencies, and there were 974 requests for this service. In addition, a further 271 journeys were made in delivering nitrous oxide cylinders to midwives.

SUMMARY OF PATIENTS CARRIED AND MILEAGE RUN DURING THE YEARS 1951 AND 1952.

	Year 1951		Year 1952	
On whose behalf.	Number of Patients carried.	Mileage run.	Number of Patients carried.	Mileage run.
Sheffield City Council	107,351	398,597·7	114,068	405,518·9
West Riding County Council	2,155	20,825·0	1,975	17,424·8
Derbyshire County Council	8,176	60,691·4	8,785	61,706·4
Other Authorities	212	9,338·8	246	11,747·3
TOTALS	117,894	489,452·9	125,074	496,397·4

Staff.—The provision of a twenty-four hour service necessitates all members of the operational staff working shift duties. Drivers and attendants are required to hold First Aid qualifications and the majority of them have attained medallion proficiency. It is also a condition of their service that they attend refresher courses at reasonable intervals and during the year a series of lectures in First Aid and kindred subjects has been held on the premises of the Ambulance Station.

Notwithstanding the very frequently urgent nature of the work in this service, there have been remarkably few accidents during the year and, of the 44 ambulance drivers entered for the National Safe Driving Competition for the year 1952, there were 19 drivers who received a bar to the five years' medal, two qualified for the five years' medal and 19 drivers were awarded the diplomas issued by the Royal Society for the Prevention of Accidents.

Maintenance of Vehicles.—The maintenance and repair of vehicles is carried out on the premises, and a staff of four mechanics and one apprentice is engaged on this work.

During the year, one new ambulance and one new car were received and a further three new ambulances remained on order.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Care and After-Care Service, instituted during 1948, in accordance with the requirements of the National Health Service Act, 1946, is concerned with the prevention of illness, the care of persons suffering from illness and the after-care of such persons.

The Service has grown steadily within the nature of the demands made on it and in anticipation of the requirements. It is not always easy to define the line of demarcation between the " after-care " services provided under Section 28 of the National Health Service Act, 1946, and the other welfare services, e.g., under the National Assistance Act, 1948, but this in itself may not be a bad thing. The services under the two Acts should not be separated into compartments, each specialising and working for its own ends, but welfare services should be regarded as a whole, each part being complementary to the other.

The Care and After-Care Service links up very closely with all the Social Services (both statutory and voluntary) and has steadily developed as a central co-ordinating and integrating factor, acting as a focal point for advice and assistance regarding the many problems that arise in association with ill-health and disability.

Unsatisfactory home conditions are the cause of many of the problems that arise where there is sickness in a household, particularly where the illness is of a chronic nature. So far as the housing authority is concerned, arrangements have been made for the more series cases of hardship to be placed before a Special Section of the Housing Committee for consideration for priority rehousing. It is appreciated that, owing to the present housing situation, it is very difficult to satisfy the needs of all these cases, and indeed, the fault for the continuation of the invalid's plight may not, in many cases, be wholly due to the housing shortage, but to the landlord's inability to permit an exchange.

It is in the preventive field that the local authority can make the most of the opportunities offered by recent legislation and, to ensure the proper development of this field, every effort is made to maintain the closest co-operation between the Hospitals, General Practitioners and the Department. The Health Visitor has an important part to play in the Care and After-Care Service. She is the social worker for the family and can, by advising the family on health matters, assist greatly in the prevention of illness, or if illness has unfortunately occurred she can help to minimise its effect upon the patient and his family. A liaison exists, through the Health Visitor, between the Care and After-Care Service and the almoners of the hospital and other institutions and in addition, the Health Visitors and family doctors are associated in the care of patients in their own homes. Although there are difficulties, such as shortage of staff, to be overcome, every effort is being made to extend this association, as the promotion of health in the family depends upon it.

Increasing attention is being given to the problems of the aged and arrangements have been made for Health Visitors to call upon people who have difficulties due to the frailties of old age. In addition, Dr. Parker, the Medical Officer in the Care and After-Care Service, has visited the great majority of the Old People's Clubs and organisations dealing with the aged and the disabled in the City in order to discuss the general problems of the members.

As regards the care of tuberculous persons, there is a close liaison between the Care and After-Care Service and the specialist Medical Officers engaged in the Tuberculosis Service, which ensures that there is an early visit made by a Health Visitor to the home of any person notified as suffering from tuberculosis and an easy exchange of information between the Department and the Chest Clinic. The Health Visitor, in association with the doctors, is able to give advice regarding measures to be taken for the protection of the family and the restoration to good health and rehabilitation of the patient. Any special need is reported and at once given attention.

Patients and their families are being assisted in such ways as the following :—

Tuberculosis.—The Health Visitors carry out the primary visiting of newly notified cases of tuberculosis, and reports on home conditions are supplied to the specialist medical officers of the Regional Hospital Board. In addition, arrangements are made for all contacts of the patient to attend the Chest Clinic for examination. Thereafter, the Health Visitors make periodic visits to the homes of patients and report to the Medical Officer of Health any special requirements of the patients for the appropriate action to be taken. Whenever it is thought advisable, the Health Visitors call at the Chest Clinic and discuss their cases with the medical and other staff. When required, a Health Visitor or a member of the staff of the Care and After-Care Service will visit a patient in sanatorium in order to assist him with any social problems that may have arisen, and generally place his mind at rest, particularly with regard to his natural concern for the welfare of his family, thereby helping him to accept whatever treatment is advised. Every effort is made to keep in touch with patients until such time as further supervision is no longer considered necessary.

During the year 1952, the Health Visitors made a total of 7,780 visits to the homes of tuberculosis patients as detailed in the statement below :—

Tuberculosis of Lungs :—		
For general investigation	6,342	
Re home conditions upon discharge from Sanatoria	673	
		7,015
Other Forms of Tuberculosis :—		
For general investigation		765
TOTAL		7,780

Beds and bedding are loaned to necessitous infectious cases of Tuberculosis of the Lungs, in order that they may have a separate bed and, where possible, a separate bedroom. Details of the articles loaned during the year 1952 are as follows :—

61 Bedsteads ; 81 Mattresses ; 60 Mattress Covers ; 245 Sheets ; 155 Blankets ; 129 Pillows ; 94 Pillow Cases.

Where, as a result of consultation between the Health Visitor, Sanitary Inspector, the Care and After-Care Service and others involved, it is found to be desirable that a family in which there is an infectious case of Tuberculosis should be rehoused, efforts are made to provide suitable accommodation on the Corporation Estates, by arrangement between the Estates and Health Committees. As a result of the visits made by the Health Visitors to the homes of tuberculous persons during the year 1952, there were 39 cases reported where the environmental conditions were unsatisfactory and rehousing of the patients was desirable. 30 families were rehoused in the year. Since the inception of this scheme, in the year 1928, 998 families have been rehoused on Corporation Estates. At 31st December, 1952, there were 421 families living on the Estates under these special arrangements, and there were 23 families who had been recommended for rehousing but who had not then been rehoused. In every case the Chest Physician is consulted regarding the desirability of rehousing a family and to ensure that the most urgent and deserving cases are dealt with.

During the year two men were maintained at Village Settlements for the purpose of rehabilitation. Favourable reports regarding the progress of one of these patients have been received, but unfortunately the other has had a " flare-up " of his disease and he has been admitted to Sanatorium for in-patient treatment.

The National Assistance Board has given valuable co-operation and a close working arrangement exists between the Board's officers and the After-Care Service, each seeking the other's advice as required. The Board has been generous in making Exceptional Needs Grants to meet the urgent requirements of patients and their families, such as the purchase of new clothing, bedding, household utensils, decoration of the home, etc., which the family would otherwise be unable to afford.

Venereal Disease.—Owing to the shortage of staff on the Health Visiting side, it has not been possible for a Health Visitor to be seconded for duty in connection with the Care and After-Care Service which deals with Venereal Disease, but special investigations are carried out when necessary.

Other Illness (or illness generally).—In this field, the staff of Health Visitors is associated with the Care and After-Care Service and is playing an increasing part in the health education, not only of the patient, but of the whole family unit.

Arrangements exist whereby certain Health Visitors are attached to the Hospitals, the Chest Clinic and the Radium Centre as part of their work, with a view to providing an interchange of information regarding the environmental conditions of patients entering the various hospitals or attending other institutions, and also to obtain any relevant information regarding patients who are discharged and for whom the After-Care Service may be able to provide further assistance. Under this scheme, 421 cases were referred by the almoners and, as a result of reports made by the Health Visitors to the Service, much assistance has been given in dealing with the many social problems associated with ill-health.

Another pleasing feature has been the continued close association with the general practitioners. Apart from referring patients for convalescence, nursing equipment, etc., the assistance of the service has been sought in dealing with domestic problems that often arise when illness occurs in a household. It is felt that in this direction most valuable assistance can be given by the Care and After-Care Service.

Close liaison also exists with the Mental Health, Blind Welfare and Social Care Services and every assistance is given to the persons referred by these services. The blind, mental defectives and aged persons often present difficult problems but everything possible is done to satisfy their needs.

As previously mentioned, much attention has been given to the care of the aged. It is amongst the aged that the greatest number of disabilities occur and many requests for assistance are received from, or on behalf of, aged persons. A Health Visitor calls upon the old person and arrangements are made for any necessary help to be given. Generally, the old person is kept under friendly supervision by the Health Visitor, but in certain cases it has been found that the facilities for the care of an aged sick person at home were unsatisfactory, and through the kind co-operation of Dr. K. J. G. Milne, Medical Consultant at the Firvale Infirmary, and by agreement with the general practitioner, priority admissions to hospital have been arranged where necessary. During 1952, 1,615 visits were made by the Health Visitors to the homes of old people.

In addition to the visiting of the aged sick, investigations are being carried out regarding the prevention of the disabilities associated with old age. Reference to the work being carried out in this field is made on page 105.

Accidents in the Home.

Increasing attention is being given to the prevention of accidents in the home. Arrangements have been made for the loan of fireguards by the Care and After-Care Service to aged people, the blind and other appropriate cases. Three guards were loaned during the year.

In addition, various hospitals are providing particulars of children under five years of age who have received treatment for accidents, burns and scalds in the home, and visits are made by the Health Visitors to advise regarding suitable preventive measures in order to avoid further accidents.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME.

This part of the Care and After-Care Service works in very close co-operation with the Home Nursing, Hospital and general practitioner services, and is greatly used by them.

The arrangements which have been made with the Sheffield Hospital Services Council, the Darnall and District Medical Aid Society and the British Red Cross Society, to act as agents of the Council for the loaning of articles of nursing equipment and apparatus from their stores of these requisites to patients who are being confined or nursed at home, continued throughout the year. The Council's own stocks of nursing requisites have been increased by direct purchases from time to time, and depots from which these articles may be loaned are established at the Care and After-Care Centre at Town Hall Chambers in Fargate, at Johnson Memorial Nurses' Home in Endcliffe Crescent, at the Firth Park and Manor Maternity and Child Welfare Centres and at Norton Rectory.

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. The scheme operates on a basis of mutual assistance, centred around the Care and After-Care Centre, so that any depot in short supply of any articles can refer the applicant to the Central Office or other convenient centre and every effort is made to satisfy the applicant's requirements. It is usual for the depots to communicate by telephone before redirecting the applicant, thereby saving fruitless journeys. It has been found that this scheme works very well, and persons have been afforded the loan of articles without undue delay or trouble.

The following are particulars of nursing requisites loaned by the several organisations participating in this scheme and also of the requisites loaned directly by the Council during the year 1952 :—

REQUISITES LOANED BY VOLUNTARY AND OTHER ORGANISATIONS AS AGENTS OF THE COUCIL.

Articles.	Number of articles loaned.
Air Cushions and Rings	315
Bed Cages	13
Bed Pans	437
Bed Rests	209
Bed Tables	7
Commode	1
Crutches	164
Feeding Cups	20
Invalid Chairs	51
Rubber Sheets	444
Sputum Cup	1
Urinals (Male)	96
Urinal (Female)	1
Walking Sticks	2
Water and Air Beds	11
Water Pillow	1
TOTAL ARTICLES (loaned to 1,030 patients)	1,773

REQUISITES LOANED DIRECTLY BY THE COUNCIL.

Articles.	Number of articles loaned.
Air Cushions and Rings	481
Bed Cages	29
Bed Pans	468
Bed Rests	190
Bed Tables	10
Commodes	22
Crutches	42
Crutches (Elbow)	5
Douche Cans	3
Dunlopillo Mattresses	30
Feeding Cups	36
Hot Water Bottles	5
Invalid Chairs	110
Rubber Sheets	353
Sorbo Cushions	4
Sputum Cups	3
Steam Kettle	1
Urinals (Male)	160
Urinals (Female)	18
Walking Sticks	20
Water and Air Beds	20
Water Pillows	4
TOTAL ARTICLES (loaned to 1,267 patients)	2,014

CONVALESCENCE FACILITIES.

The arrangements for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over, continued throughout the year.

Six beds for males are reserved at the North Eastern Counties Friendly Societies' Convalescent Home at Grange-over-Sands ; the Hunstanton Convalescent Home has agreed to provide accommodation for up to six women and ten children, and the Charnwood Forest Convalescent Home has agreed to provide accommodation for up to ten children. In addition, arrangements have been made for patients to be admitted to other Convalescent Homes, especially those willing to take patients with special difficulties who would be disqualified from admission to most Homes. For example, most Convalescent Homes do not cater for patients requiring special diets, but it has been possible to arrange for such persons to stay at the Sheffield Works' Convalescent Association's Homes at Ashover (men) and Matlock (women). Patients on light diets may be sent to the West Hill Convalescent Home, Southport.

In all cases, a recommendation of a doctor is required and all the circumstances are investigated by the Care and After-Care Service before a patient is admitted to a Convalescent Home. A scale of weekly charges is laid down, the amount payable being assessed in relation to the family income. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the Medical Officer of the Convalescent Home. 25 such extensions were granted during 1952.

In cases where patients may lack confidence about the journey to the Convalescent Home, efforts are made to introduce them to other patients travelling at the same time, in order that they may be of mutual assistance and their worries reduced to a minimum. When children are travelling to a Convalescent Home, arrangements are made, through the Care and After-Care Service, for them to be accompanied by suitable adult patients travelling at the same time. The parents of the children are introduced to the temporary guardians, in order that there should be no confusion and that parents may be satisfied as to their children's welfare during the journey ; a member of the staff of the Care and After-Care Service is also present at the station to ensure that the arrangements for the care of the children are satisfactory. Requests have also been received from the almoners for arrangements to be made for adult patients to accompany children being sent convalescent by the hospitals. It has been possible to arrange this in every case.

During the year 1952, there were 183 cases in which convalescence facilities were provided, as compared with 198 in 1951. These admissions may be summarised as follows :—

	M	F	Total
North Eastern Counties Friendly Societies' Convalescent Home, Grange-over-Sands	27	—	27
Hunstanton Convalescent Home	—	47	47
West Hill Convalescent Home, Southport	5	54	59
Sheffield Works' Convalescent Association's Home (Matlock) ..	—	28	28
,, ,, ,, ,, (Ashover) ..	10	—	10
Yorkshire Foresters' Convalescent Home, Bridlington	1	1	2
National Institute for the Blind Convalescent Home, Scarborough	4	1	5
National Institute for the Blind Convalescent Home, Harrogate	—	1	1
Evelyn Devonshire Convalescent Home, Buxton	—	2	2
Kelsale Court Convalescent Home for Epileptics, Saxmundham	—	1	1
Infantile Paralysis Fellowship Home, Worthing	1	—	1
TOTALS	48	135	183

The age-groups of the persons admitted to the Convalescent Homes were as follows :—

	Under 1 year	1—5 years	15—25 years	25—35 years	35—45 years	45—55 years	55—60 years	60—65 years	65—70 years	70—75 years	75—80 years	Over 80 years	Totals (Sexes)
Males	—	—	5	5	7	12	5	3	2	8	—	1	48
Females	—	—	8	6	15	25	22	23	15	11	9	1	135
TOTALS (Age Groups) ...	—	—	13	11	22	37	27	26	17	19	9	2	183

NOTE.—Children of school age are the responsibility of the School Health Service of the Education Committee.

Many men in the City contribute to the " 1d. per week " scheme of the Sheffield and District Convalescent and Hospital Services Council, thereby ensuring that they and their wives are eligible for free convalescence under that organisation's scheme. Before patients are assessed by the Care and After-Care Service, it is ascertained as to whether they contribute to this or any similar scheme providing free convalescence, in order that patients may be spared unnecessary expense if they do so.

Satisfactory reports regarding the Convalescent Homes have been received from the great majority of patients upon their return to Sheffield, and they derived considerable benefit from their visits to the Homes.

Information is recorded with regard to Convalescent Homes other than those already mentioned, in order that their services, some of which are of a specialist nature, may be utilised if necessary.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

Arrangements for the vaccination by B.C.G. of children who have been exposed to the risk of infection from Tuberculosis, especially babies born into tuberculous households, came into operation in October, 1949.

Particulars of contacts vaccinated are forwarded to the Medical Officer of Health and special " follow-up " visits are made by Health Visitors.

In co-operation with the Department of Child Health of the Sheffield University and the Children's Hospital, the Health Visitors visit the homes of children up to the age of three years who have been in contact with a case of tuberculosis, in order to apply a skin test. The tests are carried out before vaccination, and only those who do not react to these tuberculin tests receive B.C.G. It is important to avoid contact with known sources of infection while tuberculin-testing and vaccination are being carried out, and arrangements are made for the segregation of the children to be vaccinated—for six weeks prior to the vaccination and six weeks thereafter—making a total period of three months.

In order to facilitate the segregation for this period, an appeal has been made for suitable women to offer their services as foster parents where it is not possible to admit the infectious case to a sanatorium or arrange for the child to be cared for by a relative. At 31st December, 1952, four women were acting as foster parents in this scheme and a total of five women acted as foster parents during the year. Prior to being accepted for this work arrangements are made for the foster parents, and all the inmates of their house, to be examined at the Chest Clinic and, if suitable in every way, they are thereafter supervised by the Superintendent Health Visitor, in conjunction with the Children's Officer, whenever there is a child in their care. Where other arrangements cannot be made, the child may be admitted to a small private Residential Nursery. A scale of weekly charges to the parents for the maintenance of the child whilst it is boarded-out is laid down, the amount payable being in accordance with the family income.

In the year under report 22 children, as compared with 28 in 1951, were boarded-out with foster parents or at a Residential Nursery as follows :—

	No. of Children.
Foster parents	12
Residential Nursery	10
TOTAL	22

During 1952, 428 Sheffield children were vaccinated with B.C.G. and 1,119 Sheffield children have received this treatment since the inception of the scheme.

The following statement shows the number of children vaccinated with B.C.G. since the inception of the scheme, according to age-groups :—

YEAR	AGE IN YEARS																GRAND TOTALS
	Under 1		1—2		2—3		3—4		4—5		5—10		10—15		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1949 (from October) ...	13	11	4	5	3	5	—	2	2	4	2	5	1	2	25	34	59
1950	33	39	11	15	12	8	5	5	8	7	21	15	7	5	97	94	191
1951	61	65	25	21	26	22	13	19	18	13	67	52	19	20	229	212	441
1952	63	79	28	17	22	9	15	18	14	11	70	53	16	13	228	200	428

MEDICAL EXAMINATIONS FOR SUPERANNUATION AND OTHER PURPOSES

The medical officers of the Public Health Department carry out each year a large number of medical examinations, including those of all entrants to the Corporation Superannuation Scheme. Although many departments of the Corporation have their own arrangements for the medical examination of manual employees, the Public Health Department also carries out these examinations for the Lighting Department, the Ambulance Service and the Home Help Service. Other examinations carried out by special arrangement include :—

(*a*) The examination of certain employees of the Water Department to exclude the possibility that they are carriers of typhoid or paratyphoid fevers. These examinations are made in co-operation with the Public Health Laboratory Service.

(*b*) Arrangements for Chest X-rays of all Day Nursery and Residential Nursery (Children's Department) staffs coming into close contact with children.

(*c*) Special annual examinations of members of the Lighting Department who have reached the normal retiring age, but are retained on establishment.

(*d*) Special examinations of members of the Lighting Department prior to returning to work following accidents sustained at work.

(*e*) Special examinations in the case of employees who have had prolonged periods of sickness absence.

(*f*) Special examinations of Sheffield candidates who have been appointed to a post with another authority. This is arranged on a " knock-for-knock " basis.

During 1952, a total of 539 entrants to the Corporation Service were medically examined, in addition to a not inconsiderable total coming within the categories (*a*) to (*f*) outlined above. The departments concerned, with the number of candidates supplied by each of them, are as follows :—

Department	Number of candidates for medical examination
Children's	25
City Architect's	5
City Engineer's	32
City Treasurer's	28
Civic Restaurants	4
Cleansing	5
Clerk to Justices	1
Estates Surveyor's	19
Fire Service	3
Housing	19
Libraries	44
Lighting	47
Markets	7
Parks	4
Printing	3
Public Health (including Day Nurseries and Home Helps)	210
Public Works	8
Social Care	1
Sewage Disposal	2
Town Clerk's	11
Transport	51
Water	9
Museums	1
Total	539

The age groups of these candidates were as follows :—

Sex	Under 20 years	20—29 years	30—39 years	40—49 years	50 years and over	Totals
Males ..	37	84	54	27	3	205
Females ..	156	49	66	51	12	334

The physical standard of the majority of candidates was very high, particularly in the case of school-leavers, who at the age of 16 were taking their first appointments. Most of these, particularly those who had attended Sheffield schools, had had at least one Chest X-ray at the Mass Miniature Radiography Centre at Ellin Street. Out of the total of 539 candidates, only thirteen were finally rejected, but it should be recognised that this high acceptance rate was only achieved after prolonged enquiries in a number of cases, involving consultations with family doctors, and hospital investigations. Although in a number of cases the delay in accepting or rejecting the candidates caused a certain amount of inconvenience to the employing department, it was felt that in every case the candidate was given a thoroughly fair investigation, and that those who were finally rejected would have been definite liabilities sooner or later to the department concerned. Medical examination for superannuation purposes is not always easy, as an answer must be provided to two questions :—1. Is the candidate fit for the post to which he or she has been appointed ? 2. Is the candidate likely to remain fit until the normal retiring age ? When it is appreciated that the entrant, aged 15 years, may serve 50 years before the retiring age is reached, it will be realised how important the thorough investigation of an apparently trivial defect may be.

WELFARE SERVICES FOR HANDICAPPED PERSONS OTHER THAN THE BLIND OR PARTIALLY SIGHTED

NATIONAL ASSISTANCE ACT, 1948.

(Sections 29 and 30)

By Jean B. Parker, M.B., Ch.B.,
(Senior Assistant Medical Officer, Care and After-Care).

A great deal of careful consideration is being given to the provision of welfare services for (*a*) deaf or dumb persons including the hard of hearing and (*b*) persons substantially and permanently handicapped by illness, injury or congenital deformity, as outlined in the Ministry of Health Circular 32/51.

The obligations of the local authority under the scheme are as follows :—

(*a*) Compiling and maintaining registers of handicapped persons ;
(*b*) Provision of information regarding services available for handicapped persons ;
(*c*) Provision of instruction in their own homes or elsewhere in methods of overcoming their disabilities ;
(*d*) Provision of work or facilities for work and the disposal of the produce of their work ;
(*e*) Provision of recreational facilities.

A register of handicapped persons has already been opened and cases have been referred from a variety of sources, e.g., National Assistance Board, Care and After-Care Service, Almoners, Ministry of Labour, personal application, etc. Health Visitors call on the patients in order to explain the scheme to them and report regarding any special requirements, their degree of disability, home conditions, etc. Information gained as a result of these visits suggests that the principal need is for some means of occupying the patients' time. However, it should be appreciated that with none of these people is the problem a simple one of finding work or recreation, e.g., the disabled man who is lonely with nothing to do is usually short of money and without family or friends to assist him. He will probably need, apart from occupation, assistance in looking after his house, social contacts and recreational facilities such as could be provided at a handicapped persons club, and the continued friendly supervision of the Health Visitor so that his various needs could, from time to time, be brought to the notice of the proper authority.

The scope of the services under these schemes is very wide. They are complementary to the welfare services already being provided, an important point being that local authorities are given an opportunity to provide for the welfare of those persons whose needs cannot be met under other statutory provisions. For example, a person requiring assistance need not belong to a particular group (e.g., war pensioner). The needs of handicapped persons will be envisaged and dealt with as a whole by the closest co-operation between the committees and officers responsible for welfare services under Section 29 of the Act and those responsible for local health services under Part III of the National Health Service Act, 1946.

It is realised that welfare work, varying in scope and resources, has been carried out for many years by a number of voluntary associations in the City. The experience of those associations should be of great value, and in order to avoid duplication and excessive expenditure, arrangements are being made to effect a liaison with those organisations dealing with the welfare of handicapped persons of all classes, and to co-ordinate and direct their efforts in close co-operation with the Council's Health and Welfare Departments. Many voluntary and charitable bodies have been contacted and discussions have taken place with representatives of these bodies with a view to finding out how each one may be most useful in implementing the facilities under these schemes, and co-ordinating their proposed efforts in close co-operation with the Council's welfare workers. It is hoped that the voluntary workers will be of most value paying friendly visits to handicapped persons with a view to affording them comfort, encouragement and assistance in the solution of domestic and other problems confronting them, and accompanying them to places of worship, social centres, clubs and similar places of recreation. The more personal forms of assistance, such as letter writing, reading, shopping, bringing books from the library, etc., could be undertaken by the members of various youth organisations.

Registration.—Registers of Handicapped Persons were opened in July, 1952, and information for the purpose of registration has been sought in co-operation and consultation with many statutory and voluntary bodies in the City. It should be emphasised that registration is completely voluntary. In Sheffield the records are being kept in the form of a card index embodying the Hollerith " punched card " system. It is anticipated that this system will be of assistance in the speedy collection of information that will be required from time to time.

(a) Register of Handicapped Persons (General Classes).

At 31st December, 1952, there were 265 persons—133 males and 132 females—on the Register of Handicapped Persons (General Classes). Their disabilities may be classified as follows :—

Amputation—one arm (including partial)	1
Amputation—one leg (including partial)	7
Amputation—both legs (including partial)	3
Arthritis and muscular rheumatism (including fibrositis)	24
Congenital malformation and deformities of the skeleton	20
Diseases of the digestive system—gastric, duodenal and anastomatic ulcers ; hernia, adhesions, diseases of intestines, rectum, liver, pancreas, colitis, rectal prolapse	4
Diseases of the genito-urinary system—nephritis, pyelitis, cystitis, incontinence	2
Diseases of the heart or circulatory system	16
Pneumoconiosis (including silicosis)	2
Asthma, chronic bronchitis, bronchiectasis, emphysema	9
Diseases of the skin	1
Eye defects other than blindness	1
Injuries of the head, face, neck, thorax, abdomen, pelvis, trunk	1
Injuries and diseases (except tuberculosis) of lower limb, upper leg, knee, ankle, foot ; loss of joint function (ankylosis)	1
Injuries and diseases (except tuberculosis) of upper limb, shoulder, upper arm, elbow, wrist, hand ; loss of joint function (ankylosis)	1
Injuries and diseases (except tuberculosis) of spine—curvature, spondylitis	12
Psychoses, psychoneurosis	18
Epilepsy	15
Other organic nervous diseases—disseminated sclerosis, paraplegia, etc.	53
Mental deficiency	12
Tuberculosis (respiratory)	5
Tuberculosis of spine, bones, joints	9
Poliomyelitis	28
Encephalitis	8
Pernicious Anæmia	3
Meningitis	1
Muscular Dystrophy	4
Diabetes	3
Hæmophilia	1
TOTAL	265

This classification of disabilities follows closely that adopted by the Ministry of Labour.

The above cases were notified by the following :—

Hospital Almoners	13
National Assistance Board	151
Care and After-Care Service	82
Health Visitors	5
Home Nurses	2
Ministry of Labour	1
Voluntary organisations and social workers	9
Personal application	2
TOTAL	265

Age-Groups (General Classes).

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81+ years	Total
Males	—	1	6	20	31	30	29	15	1	—	133
Females	—	1	8	21	34	37	19	9	3	—	132
TOTALS	—	2	14	41	65	67	48	24	4	—	265

(b) Register of Handicapped Persons (Deaf).

The Sheffield Association in Aid of the Adult Deaf and Dumb kindly consented to give particulars of persons on their register and arrangements were made for the required information to be entered in the Local Authority's Register of Deaf Persons. At 31st December, 1952, there were 317 persons—170 males and 147 females—on this Register. The following are details regarding these deaf people :—

Degree and cause of disability and classification of speech.

(i) Degree of Deafness :	(*a*) Total	269
	(*b*) Severe	42
	(*c*) Slight	6
(ii) Cause of Deafness :	(*a*) Congenital	184
	(*b*) Acquired	133
(iii) Classification of Speech :	(*a*) Normal speech	35
	(*b*) Indistinct but intelligible	135
	(*c*) Unintelligible	147

Age-Groups (Deaf).

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81+ years	Total
Males	1	—	9	29	38	35	35	13	9	1	170
Females	—	—	10	35	28	24	19	20	9	2	147
TOTALS ...	1	—	19	64	66	59	54	33	18	3	317

(c) Register of Handicapped Persons (Hard of Hearing).

A Register of the Hard of Hearing was also opened and at the end of the year there were 64 persons—32 males and 32 females—on the Register. Particulars regarding these people are as follows :—

Degree and cause of disability and classification of speech.

(i) Degree of Deafness :	(*a*) Total	20
	(*b*) Severe	34
	(*c*) Moderate	3
	(*d*) Slight	7
(ii) Cause of Deafness :	(*a*) Congenital	4
	(*b*) Acquired	60
(iii) Classification of Speech :	(*a*) Normal speech	62
	(*b*) Indistinct but intelligible	1
	(*c*) Unintelligible	1

Age-Groups (Hard of Hearing).

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81+ years	Total
Males	—	—	2	7	6	4	4	5	2	2	32
Females	—	—	1	3	3	1	5	6	9	4	32
TOTALS ...	—	—	3	10	9	5	9	11	11	6	64

The Act does not define the term " deaf or dumb ", but it is stated in the Circular that the persons to whom the scheme applies can conveniently be divided into two groups :—

(*a*) *The Deaf*—often described as the " deaf and dumb ". This class includes persons who were born deaf and also persons who lost their hearing so early in life that they have little or no recollection of sound and have had to be educated in the same way as those who were born deaf. Few succeed in acquiring the use of normal speech. The great majority use only manual sign language or a combination of signs and restricted speech, in which the power of self-expression is limited and in any case varies considerably with the individual. Many are unable to read fluently and can do no more than gather the general substance of simple printed matter.

(*b*) *The Hard of Hearing*—are those who have lost their hearing wholly or in part after acquiring ordinary speech and after being educated as hearing persons.

It will be seen that certain **totally** deaf persons who have speech will be placed on the Register of the Hard of Hearing and not the Register of the Deaf. It is very important that these people should maintain their links with the normal hearing world.

Information Services.—The compiling of the registers is bound to be a slow process and people will not register unless there is an obvious benefit accruing. Therefore, steps will be taken to make handicapped persons aware of the welfare services provided for them and to suggest to them the desirability of taking advantage of those services. For this purpose, information bureaux will be located in the Public Health Department (Care and After-Care Service) ; the food shops situated in the Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres : the Civic Information Bureau and the Welfare of the Blind Workshops and Saleshop. Persons whose vocations bring them into contact with disabled persons, such as hospital almoners and officers of the National Assistance Board, the Ministry of Labour and the Ministry of Pensions, have been asked to assist in this direction, and information is being received regarding patients wishing to take advantage of the facilities either available at the present time or to be provided in the future. Arrangements will also be made for the production of pamphlets giving information regarding the services available to the various groups of handicapped persons.

Welfare Officers.—The general routine work is being undertaken by the Health Visitors. They are visiting the handicapped persons, calling in the specialised workers, such as the psychiatric social worker, where necessary. The Health Visitor is concerned with the welfare not only of the patient but of the whole family unit, and she should be regarded as the basic worker dealing with the social problems of the family, calling in other specialist visitors only where the more specialised problems have to be overcome.

The general day to day problems of the family are, where necessary, reported to the Care and After-Care Service, which acts as the focal point for advice and assistance and as contact with the other social services. Thus overlapping and the subsequent wasted time is avoided, and the co-ordination of the various services effected.

Aged Persons.—Any consideration of the disabled automatically brings in the aged. However, it should be appreciated that we are not setting out to care for old people just because of age but in order to prevent disabilities and to look after those already disabled. Various voluntary and charitable bodies have been contacted with a view to information being given with regard to old people who have difficulties due to the frailties of old age. The response to this request for information has been very enthusiastic and the Health Visitors have carried out 1,615 visits to old people during the year under report.

In addition, Dr. Parker, the Medical Officer in the Care and After-Care Service, has visited many of the Old People's Clubs in the City in order to discuss the general problems of the members. She has been accompanied by a Health Visitor and they have invariably been well received. The following main points with regard to the needs of old people have emerged :—

Chiropody.—Requests for a chiropody service were always first to be received and given prime importance. The demand seems to be chiefly for attention to thickened nails and callouses. Attendance of the chiropodist at a club would be approximately once every six weeks. Such a service has been instituted at various clubs in the City and is financed out of funds administered by the Council of Social Service (see page 107, para. 5). There is also a need for a domiciliary service where the aged persons are less mobile.

Food and Diets.—Mid-day meals served at clubs are greatly appreciated. Most of the old people expressed a desire for a daily service of this kind, for they find the preparation of a proper meal too much trouble, and others state that their pensions do not allow them to buy all their rations. Where special diets are prescribed, help in obtaining cheaper milk would be appreciated. In addition, it was suggested that milk might be delivered in half-pint bottles in order to help in keeping a supply of fresh milk.

Holidays.—Where a convalescent holiday has been provided it has been greatly appreciated. A means of having couples, either husband and wife, or two friends, where one had been ill, going together would fill a great need. Older people fear separation, and where serious illness has been surmounted, ordinary holidays are often frightening. Transport facilities to save travelling worries would be a boon for many. It should be noted that convalescence facilities are already provided as part of the Care and After-Care Service and special arrangements are made for old people where necessary (see page 98).

Old People's Clinics.—Clinics on lines parallel with the present Welfare Clinics of the local authority might be useful. Minor ailments could be dealt with, e.g., difficulties with hearing aids ; indigestion ; examination to find out if chiropody is required or whether some other treatment might help ; urine examination for diabetics and nephritics ; together with general overhaul, say every 3 or 6 months, to find out ways in which people get ill, with emphasis on the preventive side and possibly health education talks.

Handicrafts.—Handicrafts in clubs, on the whole, receive a mixed reception. It is difficult to persuade elderly men to take up work of this kind. On the other hand, women seem to be enthusiastic and ask to be allowed to take part in handicrafts groups when such facilities are open to them.

Housing.—The main complaints were received from old people living in houses too big for their requirements or where loneliness troubled them. Where the children have married and moved from the parents' home, visiting is sometimes difficult, the financial status of the pensioner and the family deciding the frequency of contact. Help in obtaining wireless sets and licences would relieve much loneliness and boredom. Many old people cannot afford a wireless licence and this problem applies more to those who live alone than where there are two or more in a family.

Laundering.—Washing of clothes presents hardship to many aged people and assistance with laundry would be of great benefit.

Employment.—Many old people stated that they would still be working if it were not for conditions imposed by their employment, e.g., forced retirement of many workers at 65 years of age.

The co-operation of the organisers of these clubs in making this survey possible is greatly appreciated.

Social Centres.—An important feature of these welfare schemes is the establishment of social clubs for the handicapped. These are of great value in providing contacts among both handicapped and normal persons, widening their interests and bringing the disabled to be more active members of the community. Many handicapped persons find it difficult to emerge from home isolation, either by virtue of immobility or sensitivity in facing new people and surroundings. The first step towards the rehabilitation of this type is a social club where confidence can be gained or regained to overcome disability. Such a club for the aged and disabled persons has been opened at the Firth Park Maternity and Child Welfare Centre. This club opens once per week and is administered in conjunction with the Sheffield Council of Social Service, and members of the Shiregreen and District Community Association are acting as voluntary workers in the club. This venture is meeting with a considerable amount of success. The members of the club are encouraged to take an active part in its management and a committee has been formed to deal with internal and local affairs. There is a capacity membership of 160 and the voluntary workers report any problems that the members may have direct to the Care and After-Care Service. The average weekly attendance at the club is 120. Dr. Parker makes frequent visits to the club and discusses the general problems of the members. These visits have been greatly appreciated and much valuable information regarding the needs of the members has been obtained.

There are facilities for games, concerts and handicrafts at the club, and refreshments are provided by the Community Association at a charge of 5d. per person. Outings to the sea and countryside, visits to the theatre, and special parties and entertainments to celebrate the Coronation and at Christmas have been arranged.

A sick visiting scheme has been inaugurated whereby any member of the club who is absent by reason of illness for two or more weeks receives a visit from a fellow member, who takes flowers or other suitable gift. These are purchased out of a sick fund to which each member of the club contributes 1d. per week. There is a panel of 40 volunteers who undertake this work. The friendly visits continue throughout the period of sickness and are greatly appreciated.

In November, the club took part in an Exhibition of Handicrafts organised by the Sheffield Council of Social Service and it is pleasing to report that the club became joint holders of a cup presented for the best work. Sales of work are arranged and profits are " farmed back " into the club funds. These funds enable considerable help to be given to the members when outings, theatre parties, etc., are arranged and are also used for the replacement of materials.

A chiropodist makes fortnightly attendances at the club at a charge of 1/- per patient per half hour session. A rota has been formed and the members are able to have treatment once every six weeks.

The club at Firth Park has shown that once the initial difficulties of transport or anxiety are overcome, attendance is regular and the desire to be one of the community is sharpened. It is hoped to start similar clubs at other centres in the City.

Religious Services and Entertainments.—There is already ample evidence of the readiness of the churches, managements of cinemas, football clubs and other places of public entertainment to make arrangements for the admission of people who have to use wheel-chairs, and it is not anticipated that much difficulty will be experienced in this direction by the handicapped in the City.

Wireless and Library Service.—The facilities of wireless service and maintenance now provided for the blind will be extended to include necessitous handicapped persons. It is hoped that arrangements may be made for the provision of library facilities to certain handicapped persons in their own homes through the Council's Library Services, and the following suggested scheme is receiving consideration :—

(*a*) The patients must be those who are incapable of going to a library themselves, or are likely to be incapable of so doing for a period of not less than three months, and who have no relatives or friends who could borrow books for them in the normal way. No patient will be admitted into the scheme except on the certification of a doctor, health visitor or other persons approved by the Medical Officer of Health.

(*b*) The persons who undertake the service will be registered members of a responsible voluntary organisation approved by the Medical Officer of Health, and will carry an authority which will be recognised at any library from which they operate.

(*c*) Each patient will have the normal borrowing facilities (i.e., three books) but in special circumstances extensions of this will be allowed.

(*d*) No fines will be charged, but the visitor will be asked to ensure that books are returned within a reasonable time.

(*e*) Borrowers will register normally and the method of issuing in the libraries will be in accordance with accepted practice.

(*f*) Each library will keep a special record of issues to each reader as an aid to selection of books.

Arrangements are already in operation for the collection and distribution of used magazines to housefast and bedfast persons. This is only on a small scale at the present time, but it is intended that it should be expanded in the future.

Transport Facilities.—Where necessary, transport facilities will be made available to enable handicapped persons, in travelling to and from their homes, to participate in any of the services provided under this scheme.

The Infantile Paralysis Fellowship applied for assistance with transport to take twelve crippled children to their Christmas Party and a coach was hired for this purpose. The children were collected and returned to their homes and the St. John Ambulance Brigade kindly arranged for one of their members to accompany the children on both journeys. The total distance involved was 50 miles.

Housing.—Special attention is given to the housing difficulties of handicapped persons, but the number of disabled persons in the City who require special housing is difficult to assess. This is chiefly because an accurate assessment of the disabled has never been made, but it is hoped that the Register will eventually rectify this situation.

The general hospitals and Ministry of Pensions have been approached for information regarding the number of cases requiring special housing, but they say that this problem has never been assessed so far as numbers are concerned.

It is estimated that there are 20 paraplegics and 88 severely disabled ex-service men in the City who may require consideration under this heading. In addition, there are certain handicapped persons other than War casualties and paraplegics who require special attention. An example would be a patient suffering from Disseminated Sclerosis who is housebound for long periods because of the type of his illness coupled with unsuitable environmental conditions. Any scheme in Sheffield for the provision of special houses for disabled persons must take into account the hilly nature of the City. The houses should be sited in the more level areas so that the patient may be taken out in a wheel-chair or, if ambulant, take a short walk without undue strain.

It is thought that a fair estimate for the housing of disabled persons would be in the region of 50 dwellings.

Assistance is already given by the Care and After-Care Service to paraplegics in arranging for the carrying out of any works of adaptation in their homes or the provision of additional facilities. An example of this is the widening of a driveway to allow easy access of a motor chair. Provision of ramps, handrails, etc., may also be undertaken.

These welfare schemes now provide for the extension of such services to all classes of handicapped persons and assistance has been given to two patients. Both were suffering from poliomyelitis and the following work was carried out :—

Case A.—The hospital surgeon contacted the department before the patient was discharged and suggested that certain works of adaptation of the home would be of great assistance, as the patient had severe paralysis and experienced great difficulty in getting about. The premises were visited by a Superintendent Sanitary Inspector and a member of the Public Works Department, and an estimate of the work required was made. With the permission of the owner of the property, the passageway to the house was "ramped" 18 inches to the level of the doorstep and handrails were fitted in the lavatory. In addition, a bedstead with self-lifting pole and chain (placed in a downstairs room), a self-propelling wheel-chair and other appliances were loaned by the Care and After-Care Service. The patient has been discharged and it has been found that he is able to get about without assistance, both in and out of doors, in the wheel-chair, and his life has been made much easier than would otherwise have been the case. His employers hope to provide him with a suitable job when he receives his motor-chair from the Ministry of Pensions.

Case B.—This man was paralysed but had been offered suitable employment. He was experiencing difficulty in getting about as the gateway to his home would not allow the passage of his wheel-chair. The gateway was widened by 18 inches and the patient is now able to get to his work without assistance.

Holiday Homes.—Handicapped persons are often unable or unwilling to take a holiday in the normal way, and consideration is being given to the provision of holiday home facilities by the Council for such persons.

A specially adapted holiday home run directly by the Council would be a boon to many of the handicapped, of whom a large number are unsuitable for the ordinary holiday home, and it is possible that there are other services which could make use of such a home. For example, in addition to ordinary holidays for the handicapped, the home could be used by patients being provided with convalescence facilities by the Care and After-Care Service. 183 persons were sent to convalescent homes during 1952.

The following are examples of persons who would derive benefit under such a scheme, although holiday arrangements are at present made for some of these types of disabled persons :—

(*a*) *Deaf and Dumb and Hard of Hearing* could be sent to the home at the same time as similarly handicapped persons and thereby avoid loneliness, etc.

(*b*) *Deaf—Blind Persons.*—Arrangements could be made for accommodating persons who are both deaf and blind and special attention could be given to their needs.

(*c*) *Blind Persons* could be accommodated on the ground floor with facilities for a sighted guide where necessary. Handrails and other modifications could be provided. 104 grants were made last year to enable blind persons to take holidays.

(*d*) *Mental Defectives* could be taken for holidays to such a home and arrangements made for their care and supervision. The home could be used for the annual holiday of the patients attending the Occupation Centre. There is a great shortage of suitable holiday homes for mental defectives.

(*e*) *Aged Persons.*—Probably the greatest numbers would be in this group. A means of having couples, either husband and wife or two friends, going together, would fill a great need. An example would be the case of a man who had had a " stroke " and was largely dependent on his wife for his toilet, etc. This, apart from financial considerations, precludes them from taking a holiday in the normal way.

(*f*) *Paralysis, patients suffering from poliomyelitis, etc.*, would require ground floor accommodation and storage space for wheel-chairs. This class of handicapped person may also require special fittings in the bathroom, etc.

(*g*) *Mothers and Young Children.*—The home would solve a great difficulty with regard to the placing of convalescing mothers with their young children in convalescent homes.

Charges according to the income of the patients could be made for this service. Assistance with fares might be necessary in certain cases.

Employment or Occupation.—As previously mentioned this appears to be an important matter. Enforced idleness is most discouraging and degenerating. To work, particularly to earn, places the individual well on the road to regaining his self-respect and becoming an effective member of the community, and if this can be done, we have gone a long way in assisting him to overcome his disability.

The provision of employment or occupation under the scheme can be classified as follows :—

(*a*) Sheltered workshop employment, such as is available to the blind.

(*b*) Home employment, if a reasonable sum can be earned.

(*c*) Handicrafts and other skilled activities.

An assessment of earning power will be required for categories (*a*) and (*b*). Those engaged in handicrafts, etc., will be allowed to retain profits made from the sale of their works, after deduction for cost of materials, etc. Where a handicapped person shows special aptitude, the aim will be to bring him to the standard required for employment in a sheltered workshop, or at home, or on an industrial basis.

The great majority of persons visited have expressed a desire for some form of employment. In addition, many enquiries have been received from Almoners, the Ministry of Labour, voluntary organisations, etc., regarding provision of an occupational scheme, and it is known that there are a great many more people in the City who would welcome an opportunity of taking part in this type of service. These people are in the process of being registered and visited. Many of these handicapped persons, particularly those suffering from congenital defects or those incapacitated early in life, are quite untrained, and a similar handicap is laid upon the skilled worker who, through accident or sickness, finds his previous mode of livelihood closed to him. Furthermore, their handicaps may be of such a nature as to preclude them from assistance under the Disabled Persons (Employment) Act, 1944, or the facilities provided by Remploy, Ltd., and they have little hope of gaining employment through the usual channels. In addition, there are certain handicapped children who have had little or no education but who have a certain amount of ability. Every effort must be made to assess and make use of their abilities. Here again, there is little prospect of employment through the usual agencies.

An appointment, which was regarded as of great importance, was that of a " Co-ordinating Officer," who would have a knowledge of trade conditions, market conditions, sources of raw materials, etc., and who would advise regarding the proper types of articles to be made, arrange markets and sales, co-operate with the Ministry of Labour officers, and carry out many other duties. Such an appointment has been made and the officer concerned has been engaged to work in close co-operation with Dr. Parker, in investigating the different aspects of this service.

In view of the need for training the applicants and the diversity of their handicaps, the special skill of experienced occupational therapists is urgently required to begin the work of rehabilitation. Close co-operation between the Medical Officer, the Co-ordinating Officer and the occupational therapist, both at the initial assessment of the patient's capabilities and during the period of training and supervision, would ensure for the trainee the benefits that the scheme anticipates. Training may also be required for the aged person whose physical condition makes him unable to carry on heavy employment, but who is quite well able to perform a lighter task after a little tuition.

In addition to the work already mentioned, occupational therapists would be most valuable in dealing with special problems involved in the employment and occupation of mental defectives. It can be envisaged that, with the expert help of the occupational therapists, defectives could be brought to an aptitude level whereby they could be referred to the Industrial Rehabilitation Units, with possibility of employment in competitive industry, or at Remploy, Ltd. There is little experience so far in the care and rehabilitation of the discharged chronic mental case and this is obviously an important aspect of the service which must be investigated. Once again, the joint services of the Medical Officer and the occupational therapists is desirable.

These arrangements should go a long way towards avoiding the danger of handicapped persons working in isolation, a very definite possibility which would seriously react on the usefulness and efficiency of this service as a whole.

It may be possible to make extended use of the space and workshops at the Blind Welfare, to cater for persons other than the blind and thereby increase the scope of work provided in those premises.

Particulars regarding the employment or occupation of the persons placed on the three Registers are as follows :—

(*a*) *General Classes.*

(i) Employed in open industry	11
(ii) At Remploy or sheltered workshop	4
(iii) Employed at home	2
(iv) At Vocational Training	3
(v) Not employed but capable of and available for :—	
(*a*) Open employment	3
(*b*) Sheltered employment	65
(*c*) Home employment	36
(*d*) Handicrafts	48
(vi) Housewives	13
(vii) Retired from gainful employment	3
(viii) Incapable of or not available for work	75
(ix) Children of school age—receiving home tuition	2
TOTAL	265

(*b*) *Deaf.*

(i) Employed in open industry	193
(ii) Capable of open employment but temporarily unemployed	4
(iii) At Remploy or sheltered workshop	4
(iv) At vocational training	2
(v) Not employed but capable of and available for sheltered occupation	5
(vi) Housewives	86
(vii) Retired from gainful occupation	9
*(viii) Incapable of or not available for work	13
(ix) Infant	1
TOTAL	317

* Includes nine Deaf/Blind persons.

(*c*) *Hard of Hearing.*

(i) Employed in open industry	23
(ii) Capable of open employment but temporarily unemployed	2
(iii) Not employed but capable of and available for sheltered occupation	1
(iv) Housewives	5
(v) Retired from gainful occupation	3
*(vi) Incapable of or not available for work	30
TOTAL	64

* These are all Deaf/Blind persons.

Workshops Employment.—The provision of sheltered workshops should be approached with the greatest caution at the present time, and considered at a later date as other parts of the schemes for the welfare of the handicapped persons develop. Should sheltered workshops be provided sometime in the future, their siting would have to be convenient to the disabled persons living in special houses.

The conditions in these workshops should be such that the patient does not regard himself as being there for life, but should be kept aware that once he is considered fit for competitive employment and a suitable place found for him, he would go out to open industry under working conditions suitable for his particular disability. The primary purpose of sheltered workshops should be rehabilitation and not a permanent " pigeon-hole ". At the present time, conditions in special workshops tend to make the disabled unwilling to come out into the open market. Training is often too generalised and not near enough to outside labour conditions. There is not a sufficiency of suitable work available in sheltered workshops. There should be a variety of occupations, capable of being " broken down ", and the work should simulate outside employment, including hazard and muscular effort. The ideal should be the provision of a course of unspecified duration, depending upon the patient, to bring him progressively to an industrial level.

Many mental patients are harmless and easily employable. More could be given productive work and developments on these lines are envisaged from the new Occupation Centre.

There is a lack of facilities for the rehabilitation, training and resettlement of women. This should receive urgent attention, not only with a view to resettlement in industry but also with regard to the housewife returning to her own home. Far too many are allowed to return to sit by their firesides, depending upon husbands and daughters to carry on the normal working of the household.

Home Employment.—From the reports already coming in, there is evidence that there is a need for a scheme to provide work for homebound persons, not merely pastime work but employment of such a nature as would enable the handicapped person to feel himself an effective member of the community. The provision of such facilities is being urgently considered.

The capacity of homebound handicapped persons for carrying out work at home will vary widely and it will, of course, be necessary to ascertain that, before admission to such a scheme, the patient is able to pass a test of minimum earning power so that the scheme may be placed and kept on an industrial plane.

The individual desires of the disabled must also have attention. Some would prefer, say for financial reasons, to work on some component or stage in the factoring of articles, passing the work on to the next stage of manufacture, while others would gain the utmost satisfaction from the completion of a piece of work, having had the work in hand from the beginning of the process or manufacture, though the financial gain be less. This will, of course, depend largely upon the disabled person's domestic responsibilities and financial status.

Handicrafts, Crafts and other Skilled Activities.—There are many handicapped persons who are incapable of training for employment of an industrial character. It is, therefore, important that provision be made for some form of occupation for these persons.

The provision of materials and equipment forms part of this service, either free of charge or, where the handicapped person's resources are sufficient or are increased by the sale of his products, at not more than cost price.

A comparatively small number of disabled persons will rise to a high level of skill in this field. Many will only be able, because of their disability or lack of training, to do purely pastime work which will not command any sale or even admiration. However, it is good for a person's physical well-being to be actively using whatever skill or ingenuity he may have.

Where a handicapped person assisted under this heading shows special aptitude, the aim will be to bring him to the standard of the home-workers scheme and then to encourage him to join it.

Manor Handicrafts Centre.—A pioneer handicrafts group, consisting of 14 males, has been formed at the Manor Maternity and Child Welfare Centre. The members of the group are suffering from a wide variety of disabilities and include two wheel-chair cases and three blind persons. The blind persons were not primarily taken because of their lack of sight but because they had an additional handicap. Before admission to the scheme, the patients' own doctors were consulted in every case and their co-operation obtained. The great advantages of group or class work as distinct from individual efforts at home are :—

(*a*) If necessary, jobs can be simplified into several easy operations, which may be interchanged to avoid monotony and enable all members to be occupied on work within their capacity.

(*b*) Tool requirements are kept to a minimum.

(*c*) Delivery of materials and goods is facilitated.

(*d*) The problem of supervision and tuition is greatly eased by having the workers attend as a group at a Centre.

(*e*) Medical supervision can be provided at a Centre far more easily than in private homes.

The work carried out is in the form of simple handicrafts (woodwork, plastics, lamp-shades, etc.) and at the outset will be unpaid. However, it is hoped to manufacture articles for direct sale and arrange sales of work. Any profits made would be distributed amongst the members of the group.

The principal aim of this venture is to discover the capabilities of the members of the group within the limits of their disabilities, education and industrial history, in order to assess their prospects of undertaking remunerative work.

The Centre is open for two morning sessions per week, each session being of two and a half hours duration, i.e., 9.30 a.m. to 12 noon. The formation of other groups, including women, both at Manor and at other Centres is receiving attention.

Marketing of Produce.—The handicapped worker is obviously at a disadvantage regarding the marketing of his produce if left to his own resources, and arrangements must be made for the sale of his goods either by direct sale to the public through a local authority sales shop, market stalls staffed by voluntary helpers, " Sales of Work " or possibly to agencies either locally or over a wider radius. In this latter connection, one of the duties of the Co-ordinating Officer is envisaged as finding out what the market requires, obtaining orders for whatever is needed, and seeing that the goods are delivered. He would also watch that the market was not flooded by any one type of article, and that the exclusive field of blind welfare activities was not encroached upon by any group. In the course of time it is hoped that this Officer will be able to incorporate the established work of the Blind Welfare in the wider field of welfare for all disabled persons.

Training Facilities.—Arrangements have been made for an interchange of information with the Director of Education and the Regional Controllers and Local Officers of the Ministry of Labour in order to ensure that any handicapped person capable and desirous of undergoing suitable training may have the opportunity of doing so. These facilities will include further education.

It will be appreciated that the complete scope of these schemes will take a long time to reach full fruition, but the welfare work involved is a worthy preoccupation of a local authority.

WELFARE OF THE BLIND

Period ended 31st December, 1952

(Except where otherwise indicated)

It seems desirable to point out, in the first instance, that the period reviewed by this report varies from that previously covered by the annual report of the Department by reason of the fact that the annual statistical returns relating to blind and partially sighted persons required by the Ministry of Health were formerly of the position at March 31st each year, and also that the financial information was available at the same date by reason of that date being the end of the financial year of the Corporation. The report has always been presented covering the period up to the 31st March each year. The Ministry of Health, however, in a letter issued in March, 1952, asked for the usual returns at the 31st March, 1952, and again at the 31st December, 1952, and indicated that such returns would be required annually at the 31st December. It should, therefore, be noted that all registration statistical information is now to be given at the 31st December, but that certain employment and financial information in which the Ministry of Labour and National Service is mainly interested, will still be given at the 31st March yearly.

In May, 1951, the Medical Officer of Health addressed a circular letter to all interested parties locally, asking for information as soon as possible about any child who may be blind, and in November, 1951, the Ministry of Health indicated that special consideration was being given to children under five years of age who had been registered as blind within the previous two years, and in particular the cause of the blindness in these cases. A year later the Medical Officer of Health was requested by the Medical Research Council, on the recommendation of the Ministry of Health, to attend a meeting of a special Committee of the Council which was investigating retrolental fibroplasia, a cause of much blindness among babies in recent years.

Another event of note was that the Ministry of Health issued a circular in 1951 directing the attention of local authorities to the report on the Special Welfare needs of Deaf-Blind Persons which had been issued earlier in the year.

The Ministry of Labour and National Service has, during the period under review, issued the following circulars :—

(*a*) In March, 1951, indicating the terms and conditions under which financial assistance with effect from the 1st April, 1950, would be given to authorities operating approved schemes for the employment of blind persons as home workers.

(*b*) In April and December, 1951, giving details of increased maintenance allowances for blind persons training in workshops for the blind.

(*c*) In May, 1951, regarding the submission of claims for grant in respect of the employment of blind persons in workshops for the blind.

(*d*) In May, 1951, with reference to the training and employment of partially-sighted persons.

(*e*) In December, 1951, with reference to the approved charges in the Training Account, and

(*f*) In May, 1952, concerning the training of adult blind persons in workshops for the blind.

In April, 1952, an important joint circular was issued by the Ministers of Health and Labour and made reference to the Social Rehabilitation of the Blind, to the Placing Services and to the employment of blind persons by local authorities. Arising from this circular, a meeting of local authorities in the North of England was held at Manchester in September, 1952, dealing with the placement of blind persons in open industry. The conference recommended the setting up by each local authority of a self-contained service operated by its own officers, and this is to be done in Sheffield, replacing after the 31st March, 1953, the service operated by the National Institute for the Blind.

There were two inspections of the workshops by officers of the Ministry of Labour : one on April 30th, May 1st, 2nd and 4th, 1951, and the other on July 7th to the 11th, 1952, and in both cases the inspectors indicated their approval of the services operated.

Early in the year 1951, a Local Authorities Advisory Committee on the Conditions of Service of Blind Workers was formed, and the first meeting was held in March, 1951. The Association of Municipal Corporations subsequently suggested that local authorities should adopt the recommendations of the Committee, and later in this report details are given of the application of the proposals in Sheffield.

Among the visits to the Department, in addition to those by the Lord Mayor and the Lady Mayoress in office in November, 1951, and in September, 1952, may be mentioned those of the Welfare Committees of Bradford in July, 1951, and of Manchester in November, 1952. There were two groups of overseas visitors, a press and information delegation from Viet Nam in September, 1951, and a party of Colonial journalists in April, 1952. Mr. Frankie Howerd visited the workshops in April, 1951, and for the first time a Master and Mistress Cutler visited the Department while in office in September, 1952. There were also visits to the workshops by parties from numerous local organisations, and the Superintendent gave an account of the work of the department at meetings of a number of local bodies.

An event of some importance was the celebration in September, 1952, of the Silver Jubilee of the Department, which was taken over by the City Council on the 2nd September, 1927. There were several special events and the workshops were open for visits by members of the public.

We are sorry to report the death in October, 1952, of Miss E. S. Watts, Superintendent of the Department from September, 1927 until her retirement in September, 1944—for seventeen of the twenty- five years of the Department's existence.

In the last report reference was made to the approval given to increase the home teaching staff from six to eight, but it was not found possible to do this until March, 1952, and then the full strength was only maintained until October, 1952, when one home teacher went off duty because of sickness and subsequently retired. It has, however, been possible to extend certain services and to commence a limited service for adult partially-sighted persons. In January, 1952, a second district social centre was opened in Firth Park ; that at Broomhill moved to other premises in Taptonville Road, which is Health Committee property, in September, 1952. It was also possible to revive in October, 1951, the bulb growing competition which was very popular among blind people before the war, and this was repeated the following year. Two shows were held ; one in March, 1951, and one in March, 1952, and the Department received much valuable help and service from the Parks Manager. Facilities were again given by the Committee for home teachers by rota to attend conferences and weekend schools arranged by the North Regional Association for the Blind, and for student home teachers on the Regional Association's courses, to come to Sheffield for experience of practical work in the field.

The evening classes which were started in the winter 1950/51, by arrangement with the Education Department, for needlework and sewing for women, and woodwork for men, were successfully continued during the winter of 1951/1952.

The Superintendent was, in 1951, elected to the General Executive of the National Association of Workshops for the Blind, Incorporated, and has been re-elected year by year since that date, and in 1952 was re-appointed by the Ministry of Labour as a member of the Disablement Advisory Committee for Sheffield and District.

In February, 1952, facilities were provided for all members of the Department who wished to attend for examination at the Centre of the Mass Radiography Service.

During 1952, several attempts were made to create interest in products made in the workshops and to assist sales, the pre-war " Buy From the Blind " Guild Thrift Scheme was revived in November, 1952.

REGISTRATION STATISTICS at 31st DECEMBER, 1952.

(It should be noted that formerly statistical information has been given to 31st March each year.)

TABLE A—Classification by Age Groups of Registered Blind Persons

	Total Register (Age at Dec. 31st, 1952)			New Cases Registered April 1st, 1951 to Dec. 31st, 1952 (Age at Registration)		
	M.	F.	Total.	M.	F.	Total.
0	—	—	—	—	2	2
1	1	2	3	2	—	2
2	2	—	2	1	—	1
3	—	—	—	—	—	—
4	—	2	2	1	—	1
5—10	7	4	11	2	1	3
11—15	7	4	11	—	—	—
16—20	5	6	11	2	—	2
21—30	24	8	32	—	1	1
31—39	30	25	55	3	3	6
40—49	43	35	78	6	1	7
50—59	72	58	130	5	11	16
60—64	39	40	79	6	9	15
65—69	45	51	96	5	22	27
70 and over	164	266	430	41	70	111
Unknown	2	3	5	—	—	—
	441	504	945	74	120	194

TABLE B—Ages at which blindness occurred

	Total Register			New Cases Registered April 1st, 1951 to Dec. 31st, 1952.		
	M.	F.	Total	M.	F.	Total
0	36	41	77	4	3	7
1	9	8	17	1	—	1
2	4	3	7	—	—	—
3	3	2	5	—	—	—
4	3	3	6	—	—	—
5—10	17	23	40	1	—	1
11—15	10	13	23	1	—	1
16—20	12	10	22	—	1	1
21—30	40	22	62	1	1	2
31—39	35	33	68	2	5	7
40—49	51	37	88	6	1	7
50—59	40	55	95	8	15	23
60—64	29	34	63	5	13	18
65—69	28	41	69	5	14	19
70 and over	79	123	202	36	64	100
Unknown	45	56	101	4	3	7
	441	504	945	74	120	194

TABLE C—Blind persons age 16 and upwards

Not living at home.

	M.	F.	Total
Residential accommodation provided under Part III of the 1948 Act, Section 21.			
(*a*) Homes for the Blind	12	6	18
(*b*) Other Homes	4	4	8
Other Residential Homes	2	8	10
Mental Hospitals..	10	13	23
Mental Deficiency Institutions	1	1	2
Chronic Wards of Hospitals	19	18	37
	48	50	98

TABLE D.—Blind Population Statistics.

The following table summarises the position as to the age groups of registered blind persons in Sheffield at March 31st each year during which the Department has maintained statistics since the City Council took over the service in 1927 up to 1952. The figures at December 31st, 1952, are also shown.

Special attention is directed to the increase in the number of children who are legally blind in the groups 0—16 years :—

March 31st, 1949	15
,, 1950	19
,, 1951	23
,, 1952	26
December 31st, 1952	29

TABLE SHOWING AGE GROUPS OF BLIND PERSONS (ON SHEFFIELD REGISTER)
AS AT MARCH 31st EACH YEAR

Year (at March 31st)	0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	Over 70	TOTAL
1929	4	31	30	41	66	81	138	142	143	676
1930	3	29	32	43	67	85	136	149	153	697
1931	3	33	34	42	66	88	125	164	170	725
1932	4	29	33	48	67	85	138	178	176	758
1933	8	26	26	57	66	94	132	183	181	773
1934	7	23	28	51	72	92	134	196	183	786
1935	5	28	21	51	74	88	139	193	207	806

Year (at March 31st)	0-1	1-5	5-16	16-21	21-40	40-50	50-65	65-70	Over 70	TOTAL
1936	—	3	28	18	123	87	230	104	211	804
1937	—	4	26	16	116	86	233	101	222	804
1938	—	2	28	11	113	89	241	111	226	821
1939	—	1	29	13	113	93	256	138	228	871
1940	—	1	29	13	105	96	259	129	223	855
1941	—	1	28	13	105	93	255	115	240	850
1942	—	1	26	18	103	89	245	119	257	858
1943	—	2	22	14	105	83	230	136	309	901
1944	—	?	20	19	108	86	218	138	332	921
1945	—	2	20	17	103	85	219	124	349	919
1946	—	2	18	13	109	84	207	129	360	922
1947	—	2	13	14	103	86	208	112	383	921
1948	—	1	14	9	106	78	213	96	385	902
1949	—	3	12	10	100	74	216	90	401	906

	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Un-known	Total
1950	1	–	1	–	2	7	8	10	36	68	66	131	82	96	430	—	938
1951	–	–	2	2	1	9	9	12	33	59	75	126	82	104	428	5	947
1952	–	3	–	2	3	8	10	12	37	57	82	127	89	97	417	5	949
At Dec. 31st 1952	–	3	2	–	2	11	11	11	32	55	78	130	79	96	430	5	945

TABLE E.—Distribution of Local Blind Persons.

	M.	F.	Total	M.	F.	Total
Children, age under 16.						
Under 2 At home	1	2	3			
				1	2	3
Age 2—4+ *Educable* At home	2	2	4			
Attending Nursery School	—	—	—			
Ineducable At home	—	—	—			
				2	2	4
Age 5—15+ *Educable* :—						
Attending school	10	4	14			
Not at school	—	1	1			
Ineducable :—						
In Mental Hospitals	2	2	4			
In Mental Deficiency Institutions	—	1	1			
At home	2	—	2			
				14	8	22
				17	12	29
Education, Training and Employment.						
Age periods 16 *years and upwards.*						
Educable.—At school : 16—20	1	—	1			
				1	—	1
Employed.						
(*a*) *In Workshops for the Blind.*						
16—20	1	—	1			
21—30	9	—	9			
31—39	8	3	11			
40—49	16	6	22			
50—59	9	4	13			
60—64	2	—	2			
65—69	1	1	2			
				46	14	60
(*b*) *As Approved Home Workers.*						
40—49	2	1	3			
				2	1	3
(*c*) *All others.*						
16—20	1	2	3			
21—30	6	1	7			
31—39	9	1	10			
40—49	9	1	10			
50—59	9	4	13			
60—64	5	—	5			
65—69	2	—	2			
70 and over	1	—	1			
				42	9	51
				90	24	114
Undergoing Training.						
(*a*) For Sheltered Employment (16—20)	—	1	1			
(*b*) For Open Employment (16—20)	—	1	1			
(*c*) Professional or University	—	—	—			
				—	2	2
Not Employed				333	466	799
Total				441	504	945

TABLE F.—Registration of Blindness.

During the period (21 months) ended 31st December, 1952, 213 names were added to the local register of blind persons and 215 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st March, 1951 ..	—	947
Number registered 1st April, 1951 to 31st December, 1952 ..	194	
Removals into area	19	
		213
		1,160
Deaths	182	
De-Certified	17	
Removals out of area	16	
		215
Number on register 31st December, 1952		945

TABLE G.—Register of Partially-Sighted Persons.

Age Group	0—1		2—4		5—15		16—20		21—49		50—64		65 and over		Summary		
Date	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T.
31st March, 1951 ...	—	—	—	—	—	—	—	—	—	2	3	3	14	18	17	23	40
31st December, 1952 ...	—	1	—	—	17	12	3	1	2	7	8	5	22	52	52	78	130

EMPLOYMENT.

(N.B.—It should be noted that the statistical information in the remaining sections of this report of the Welfare of the Blind Department relates to the year ended 31st March, 1952).

(A) In Blind Workshops.

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years :—

Year ended 31st March	Productive Wages £	Gross Sales £	Less Purchase Tax £	Total Net Sales £
1943	5,010	24,468	1,484	22,984
1944	5,966	26,009	1,535	24,474
1945	6,441	28,791	1,531	27,260
1946	5,845	26,920	1,758	25,162
1947	6,441	30,976	2,380	28,596
1948	7,342	39,412	3,443	35,969
1949	8,216	40,651	3,107	37,544
1950	7,926	34,815	2,782	32,033
1951	7,547	35,818	2,882	32,936
1952	8,577	38,486	3,014	35,472

The number of blind persons under training or employed in the workshops at the 31st March, 1952, is shown in the table below :—

Area.	Department.												
						Men's					Women's		Total
	Administration and miscellaneous		Basket		Boot		Brush		Mat				
Sheffield—													
Workers	2	—	12	—	8	—	14	—	10	—	16	—	62
Trainees	—	—	—	—	—	1	—	1	—	—	—	—	2
Rotherham—													
Workers	—	—	2	—	—	—	4	—	1	—	2	—	9
Trainees	—	—	—	—	—	—	—	1	—	—	—	—	1
West Riding of Yorkshire—													
Workers	—	—	2	—	—	—	1	—	—	—	—	—	3
Trainees	—	—	—	1	—	—	—	—	—	—	—	—	1
Derbyshire—													
Workers	2	—	1	—	—	—	—	—	—	—	1	—	4
Trainees	—	—	—	—	—	—	—	—	—	—	—	—	—
	4	—	17	1	8	1	19	2	11	—	19	—	82

Totals—Workers 78. Trainees 4. Total 82.

During the period up to the 31st March, 1952, there was, as in the two previous years, some unemployment affecting Rotherham workers in the mat department. Four workers were unemployed with a total of 51 and two-fifths weeks off, and an officer from the Regional office of the Ministry of Labour visited the Department in July, 1951, to discuss this position. Following this visit, three of these workers were later transferred to the Remploy Factory, Rotherham : two in July, 1951, and one in August, 1951, and there has been no unemployment in the mat department since the latter date. Trade was, however, becoming more difficult and, although woollen goods were reduced in price in September, 1951, the national recession affecting textiles resulted in the first unemployment affecting the Sheffield workers since the War, when the married women were stood off in February, 1952. Seven workers : six Sheffield and one Derbyshire County Council, had a total of 49 weeks' unemployment. The brush department was kept very busy and overtime was worked to complete local authority rotary brush refilling work. Trade through the Rotherham saleshop improved and considerably assisted in the maintenance of full employment except in the cases mentioned above. The canvasser for boot repair work also did well. Some price revision in boot repairs was necessary and prices were revised upwards in April, 1951, but overhead charges on mats were reduced in view of the difficulty regarding sales. Trade from all authorities whose workers were employed in the workshops was constantly under review. At national level, the National Association of Workshops for the Blind had asked for advice from a firm of industrial consultants regarding blind workshops in general and their trades.

For the first time, from November, 1951 to February, 1952, staggered working hours were operated in the workshops to conform with the local load-spreading programme which in previous winters had excluded the Department.

As mentioned earlier in the report, there was a revision of the scheme of payments to blind workshop employees. The new scheme was operated from Monday, 29th October, 1951, but payments were back-dated to Monday, 28th August, 1951.

The new scheme was as follows :—

(1) That the standard payment rate for blind male workshop employees be £5 16s. 10d. and that the rate for females be 75 per cent. of this rate, viz. :—£4 7s. 7½d. per week ; these rates to be used for sickness and holiday payments.

(2) That the standard working week be—males 40 hours and females 35 hours. (Time allowed for travel delays is now excluded from the previously recognised total working hours).

(3) That with regard to the qualifying earnings figures which are based on the appropriate piece-work-basis time rates for each trade, it will be appreciated these are subject to revision from time to time as required.

(4) That there be a standard Augmentation rate for each group of workers provided the workers reach the qualifying earnings figure as set out in the following scale :—

	Qualifying Earnings			Augmentation			Total Payments		
	£	s.	d.	£	s.	d.	£	s.	d.
MALES									
Brush pan hands	2	5	0	3	11	10	5	16	10
Brush drawn hands	1	15	4	4	1	6	5	16	10
Basket Department	2	4	4	3	12	6	5	16	10
Mat Department	2	1	4	3	15	6	5	16	10
Boot Department	1	18	9	3	18	1	5	16	10
FEMALES									
Caning workers	1	0	0	3	7	7½	4	7	7½
Flat machine	1	15	0	2	12	7½	4	7	7½
Round machine		15	0	3	12	7½	4	7	7½

Those who receive the above payments will be regarded as qualified workers.

(5) There are some operatives who do not qualify in accordance with the foregoing scheme and it is proposed special reports be presented to the Disabled Persons Welfare Sub-Committee every three months as before in order that the Committee can deal with the cases on their merits.

(The qualifying earnings rates have since been revised in accordance with paragraph 3, and workers' earnings are now reviewed at six-monthly intervals and not at three-monthly intervals as suggested in paragraph 5).

(B) IN APPROVED HOME WORKERS SCHEMES.

At 31st March, 1952, there were three approved home workers and these were employed as under :—

Music Teacher	1
Piano Tuners	2
	3

(C) IN OPEN INDUSTRY AND ELSEWHERE.

At 31st March, 1952, 49 blind people were employed outside the local blind workshops. The following table shows the distribution of all employed blind persons from 1936 :—

Year at March 31st	(*a*) Blind Workshops	(*b*) Home Workers	(*c*) Employed elsewhere	Total
1936	92	2	22	116
1937	84	2	17	103
1938	78	4	22	104
1939	79	4	20	103
1940	76	5	17	98
1941	77	6	15	98
1942	79	5	17	101
1943	73	5	34	112
1944	77	5	33	115
1945	75	5	34	114
1946	80	6	35	121
1947	77	6	43	126
1948	80	6	40	126
1949	76	5	39	120
1950	66	3	46	115
1951	64	3	47	114
1952	62	3	49	114

OTHER BLIND WELFARE SERVICES.

(The details given are for the year ended 31st March, 1952).

Visitation and Lessons.

The following table gives details of the visits paid and lessons given by the home teaching staff of the Department during the year :—

	Blind Persons.	Partially-Sighted Persons.
Visits paid for special reasons	1,121	40
Visits of routine character	3,413	178
Individual lessons given	867	118
Social services rendered	297	—
Total ..	5,698	336

In addition to the above, 55 visits were paid to hospitals where 879 blind persons were seen.

Embossed Literature.

During the year, 7,385 volumes of embossed literature, including both Moon and Braille books, were issued. This number included 6,852 volumes sent out direct by the National Library for the Blind at Manchester, and 533 volumes issued through this Department. A grant of £281 8s. 0d. was paid to the National Library for the Blind towards the cost of this service. It may be mentioned that the National Library pays postage both ways on books issued by them.

Handicraft Classes.

These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 47 classes, the average attendances for men being 27·2 and for women 21·0. On one occasion the classes were suspended and the members went a ramble.

The special fortnightly classes for the deaf-blind were again very much appreciated. Transport arrangements to convey the members to and from the workshops by car or the workshops' van were continued. There were 24 classes, and the average attendance was 15.

The Saturday morning Woodwork Handicraft Class, under Mr. A. L. Robinson, was also continued. It was very much appreciated and many excellent products were made.

District Social Centres.

(*a*) *Broomhill.*

The first centre, which was opened in April, 1949, continued to make very satisfactory progress during the year. 21 fortnightly meetings were held and the average attendance was 17. The meetings were held at Glossop Road Baptist Church and were the joint responsibility of the two home teachers whose visitation districts adjoin Glossop Road.

(*b*) *Firth Park.*

The second centre was opened in January, 1952, at the Firth Park Welfare Centre. Five fortnightly meetings were held and there was an average attendance of 33.

Wireless Sets.

The Department has employed a full-time wireless mechanic since February, 1947, to service the sets received from the British Wireless for the Blind Fund. 421 of these sets were in service at the 31st March, 1952. Maintenance was also carried out on 31 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale ; those in full-time employment pay full cost. In all, 608 repairs were carried out in the period under review, 78 at the Workshops and 530 at the blind persons' homes. 93 sets of the mains type were supplied during the year, 64 to blind persons enjoying the loan of a B.W.B. set for the first time and 29 replacement sets. During the period under review, 71 sets were returned to the Department owing to deaths or receiver defects. 46 new sets were received from the B.W.B. Fund during the year.

BATH TICKETS.

The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Sub-Committee jointly continue to meet the cost to enable blind people to have free baths.

FREE PASSES FOR TRAMS AND BUSES.

At 31st March, 1952, 851 free passes were on issue to blind persons, entitling them to travel without charge on tram cars and certain motor bus routes. This service is particularly appreciated by the blind themselves and by the Department, and thanks are due to the inspectors, drivers and conductors of the Transport Department for the unfailing help given to the blind holders.

PROVISION OF ENTERTAINMENT.

As in previous years, concerts were held monthly in the hall at Sharrow Lane, and thanks and appreciation were tendered to the following who arranged concerts :—

Mr. W. Athersych.
Beauchief Singers (Miss E. Mann).
Philip Cann's Harmonica Band.
Carltonian Entertainers.
Handsworth Methodist Church Junior Choir.
Happy Gang Concert Party.
Mr. A. J. Harvey.
Joysters Concert Party.
Laughter Maker's Concert Party.
Mirth and Melody Revue (Miss Jessie Lester).
Southey Methodist Church Choir.
Yorkshire Strollers.

Complimentary tickets, from societies holding concerts, etc., were also received on many occasions, for distribution to blind people. The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1951-52 for all first and reserve team matches at Hillsborough. Mr. A. Stewart, Publicity Manager of *The Sheffield Telegraph & Star*, Ltd., kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

RECREATION CLUB.

The Chess Club had a good season and for the third year in succession were in the Final for the Davy Cup. A second team competed in league matches for the first time.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE.

The above Committee was formed in January, 1948, co-ordinating the welfare work now being done by the Royal Sheffield Institute for the Blind and this Department.

The men's club had another good year. The Monday meeting was mainly for games with monthly domino drives, and sports talks were continued as a regular feature. Among those who gave talks were :—Messrs. R. Jenkinson, R. Freeman and E. Wood, J.P.

Lectures under the auspices of the Workers' Educational Association were again given at the Tuesday meetings. In all, 92 club meetings for men were held during the year, and the average attendance was 43.

Evening dances and whist drives were held regularly, and were well supported and very much appreciated.

The Fourth Annual seaside outing took place ; 828 non-employed blind people and their guides went on June 11th to Southport and 116 employed blind persons and their guides went to Skegness on August 19th, 1951.

DOMESTIC HELP

In response to increasing demand, the Domestic Help Service has continued to expand during 1952. The object of this service, as defined in the National Health Service Act, 1946, is to provide domestic help " for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school-age within the meaning of the Education Act, 1944." For convenience these cases have been divided in the Department's records into (*a*) maternity cases and (*b*) general cases.

The Domestic Helps are engaged and paid by the Council and are under the general supervision of the Superintendent Health Visitor. A scale of daily charges for their services has been formulated and the amount payable is assessed according to the income of the family concerned. In cases of unusual circumstances, such as long illnesses involving heavy financial commitments, full investigation is made and a report submitted to the Assessment Section of the Maternal, Infant and Nursing Welfare Sub-Committee, for consideration, so that no family need be without assistance on account of financial difficulties.

Application for the services of a Domestic Help is made to the Maternity and Child Welfare Centre, Orchard Place, and, in all cases where it is necessary, and a medical certificate has been obtained, a visit is paid by a Health Visitor in order that there may be a full appreciation of the difficulties of the household.

The duties of a Domestic Help relate to the purely domestic work of the household, such as : cooking and preparation of meals, keeping the house clean, care of children, and shopping ; she does not, of course, do any nursing duties, and she provides her own food whilst at duty.

During the past year one of the problems of the Domestic Help Service has been the increasing number of very dirty homes for which there has been a request for help. When we discover such houses every effort is made to get a relative of the occupant to undertake general cleaning before the Domestic Help takes over, but in a number of cases this is impossible and a domestic help undertakes the task. At a meeting of Domestic Helps a suggestion was made that in these particular cases two women be sent to do the initial cleaning, and as far as possible this has been done. In no case is a Domestic Help directed to such work, but on each occasion volunteers have been forthcoming. A great tribute is due to the women who undertake this type of work.

Domestic help has been provided during the year to a small number of tuberculous cases. These duties are undertaken, with the consent of the patient, by Domestic Helps on a voluntary basis, and before they are allowed to undertake such duties, the Domestic Helps are medically examined by Dr. H. M. Turner at the Chest Clinic of the Regional Hospital Board. They are instructed regarding general care and hygiene when employed in the homes of tuberculous cases, and as far as possible are only on duty in such homes for a short time, arrangements being made for alternating their duties with non-tuberculous families.

During the year 1952, domestic help was supplied to : 187 maternity cases, at which a total of 2,000 full days was worked by the Domestic Helps, and 1,038 general cases, including 9 Tuberculous cases, at which (making allowance for the fact that most of these were part-time engagements) the equivalent of a total of 23,900 full days was worked. 676 of the general cases were new applications and 362 were re-applications. A full working day consists of two periods of four hours each, and part-time engagements are arranged according to circumstances. The increase in the number of general cases is largely due to the increasing demands made by old people who would otherwise require institutional care.

MENTAL HEALTH SERVICES

by William Fielding, M.D., B.SC., D.P.H.,
Deputy Medical Officer of Health.

Lunacy and Mental Treatment Acts, 1890-1930.—Admissions to hospital and mental observation wards, which during the previous year had declined from 727 to 572, increased to 633 during 1952. The great majority of these admissions were to either the observation wards at Fir Vale Infirmary or direct to Middlewood Hospital, but in 11 cases patients were admitted to sick wards in general hospitals as the mental symptoms were related to some acute physical illness requiring urgent treatment. The following statement gives an analysis of the action which was taken with regard to the 633 patients admitted to hospital during the year :—

I.	Patients suffering from mental illness and admitted to Fir Vale Infirmary mental observation wards		551
II.	Patients admitted to Middlewood Hospital :—		
	(*a*) As voluntary patients	65	
	(*b*) As temporary patients	3	
	(*c*) On Urgency Orders	3	
		—	71
III.	Patients admitted to sick wards of general hospitals		11
			633

The 551 cases shown in item I above were dealt with as follows :—

(*a*)	Certified and transferred to Middlewood Hospital	278
(*b*)	Admitted as voluntary patients to Middlewood Hospital	31
(*c*)	Admitted as temporary patients to Middlewood Hospital	32
(*d*)	Discharged following a period of observation	206
(*e*)	Died during the period of observation	4
		551

The age and sex incidence of the 341 cases transferred from Fir Vale Infirmary observation wards to Middlewood Hospital (items (*a*), (*b*) and (*c*) above), was as follows :—

Sex	Under 20 years	20—29 years	30—39 years	40—49 years	50—59 years	60—64 years	65 years and over	Totals all ages
Male	4	29	26	24	14	7	14	118
Female	6	22	43	48	43	25	36	223

Discharges of Sheffield patients from mental hospitals during the year totalled 323, made up of 108 males and 215 females, the duration of hospital treatment being as follows :—

Sex	Period of Treatment in Hospital						Totals
	Less than 1 month	1—3 months	3—6 months	6—9 months	9—12 months	More than 12 months	
Males ...	22 (20·4%)	30 (27·8%)	22 (20·4%)	13 (12·0%)	8 (7·4%)	13 (12·0%)	108 (100·0%)
Females ...	52 (24·2%)	80 (37·2%)	54 (25·1%)	8 (3·7%)	8 (3·7%)	13 (6·1%)	215 (100·0%)

From the records of Sheffield patients discharged from mental hospitals during 1952, details are available in 313 cases out of the 323 discharges, which have enabled the ages of the patients to be correlated with the length of treatment, and the condition on discharge from hospital. The statement below gives details of the age on admission, the length of time in hospital and the condition on discharge.

Time in Hospital	AGE																				
	Under 20 years			20—29 years			30—39 years			40—49 years			50—59 years			60—64 years			65 years and over		
	Rec.	Rel.	N.C.	Rec.	Rel.	N.C.	Rec.	Rel.	N.C.	Rec.	Rel.	N.C.	Rec.	Rel.	N.C.	Rec.	Rel.	N.C.	Rec.	Rel.	N.C.
Males :																					
Under 3 months	1	—	—	—	3	—	7	6	1	9	7	—	3	2	1	2	1	3	2	2	—
3—6 months ...	—	1	—	2	5	—	1	4	—	2	4	—	1	—	—	—	2	—	—	—	—
6—9 months ...	1	—	—	2	1	1	—	1	—	—	2	—	2	1	—	—	1	—	1	—	—
9—12 months ...	—	—	—	1	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—
12 months and over	—	—	—	—	1	2	1	2	—	1	2	—	—	1	—	—	2	—	—	1	—
Totals ...	2	1	—	5	10	3	9	13	1	15	18	—	6	4	1	2	6	3	3	3	—
Females :																					
Under 3 months	1	1	—	8	7	—	10	6	—	22	11	—	20	10	—	5	5	—	7	8	—
3—6 months ...	2	—	—	3	5	—	5	7	1	6	3	—	3	8	—	3	1	—	5	4	—
6—9 months ...	—	—	—	—	3	—	—	2	—	—	—	—	1	—	—	1	1	—	—	—	—
9—12 months ...	—	—	—	—	2	—	2	—	—	—	1	—	2	1	—	—	—	—	—	—	—
12 months and over	—	1	—	—	2	1	—	1	—	—	1	—	1	2	—	—	1	—	—	3	—
Totals ...	3	2	—	11	19	1	17	16	1	28	16	—	27	21	—	9	8	—	12	15	—

Rec.—Recovered. Rel.—Relieved. N.C.—No change.

While it would be unwise to draw too definite conclusions from the examination of a small series of records, these statistics suggest :—

(*a*) that about 60 per cent. of admissions and discharges to and from mental hospitals occur between the ages of 30 and 59 in both males and females ;

(*b*) that about 60 per cent. of these cases are discharged after less than 3 months in hospital ; and

(*c*) that about 60 per cent. of these cases are discharged as " recovered ".

The statistics given in the statements above suggest that many patients, whose mental symptoms on first seeing them are sufficiently serious to make their removal to hospital or mental observation wards necessary, either recover after a few days observation (206 cases out of 551 cases admitted to Fir Vale Infirmary) or, if admitted to Middlewood Hospital as certified, voluntary or temporary patients, experience relief of symptoms or complete recovery within a comparatively short period.

There can be no question that there is a great deal of mental ill-health within the community. It has been authoritatively stated that one out of every three patients visiting doctors' surgeries today are suffering from emotional disturbance, and not from any physical condition. The majority of these people are over 30 years of age, often with heavy responsibilities, and the tempo of life has become so swift today that they are in grave danger of falling out of the race. At the same time, it is significant that the statistics of grosser mental disorder, delinquency, suicides and marriage breakdowns remain at a very high level.

The problem is to what extent mental illness is preventable. We know that it is widespread throughout all ranks of the community and, of those who receive hospital treatment, that relief is experienced by many within a short period. We know also that heavy mental strain can be often endured for years before the individual breaks down, and we know from the large numbers attending doctors' surgeries that many people are seeking relief from these symptoms when they feel ill. It would seem at first sight that, providing adequate diagnosis and treatment were given to these early cases of mental ill-health, much of the grosser disorders requiring prolonged hospital care would be prevented. One obvious difficulty is that the family doctor, who, from his intimate knowledge of the patient and his background, is ideally equipped to deal with early mental illness, has little time to devote to what is essentially a time-consuming form of treatment. The officers of the local health authority, on the other hand, have usually no knowledge of these cases until their symptoms are so advanced that they require urgent removal to hospital in their own interests and in the interests of the community. Probably some form of close co-operation between family doctor and local health authority, such as has been successful in other fields of public health, represents the most hopeful course of action towards the solution of this very wide-spread and important problem.

The arrangements for dealing with mental illness in the City have been described in previous Annual Reports and, in so far as the removal of patients to hospitals and mental observation wards is concerned, they remain unchanged. A strenuous effort has been made to increase after-care of discharged patients, and in this way to prevent the relapses that so frequently occur when the ex-patient has once more to face the world and its difficulties. Most patients discharged from hospital are visited within a week of returning home, unless the hospital recommends otherwise, and subsequent visiting is related to their condition and family circumstances. The psychiatric social worker and the duly authorised officers all fully appreciate that the preventive side of the work is of paramount importance, and although it can only be said that the fringe of the problem has been touched as yet, the results so far obtained are very encouraging.

Mental Deficiency.—For the purposes of the Mental Deficiency Acts, " mental defectiveness " is defined as " a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury ". The Acts further define those classes of persons who are mentally defective, as follows :—

" (*a*) Idiots, that is to say, persons in whose case there exists mental defectiveness to such a degree that they are unable to guard themselves against common physical dangers.

(*b*) Imbeciles, that is to say, persons in whose case there exists mental defectiveness which, while not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.

(*c*) Feeble-minded persons, that is to say, persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others, or, in the case of children, that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools.

(*d*) Moral defectives, that is to say, persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others."

It would be difficult to form an accurate estimate of the incidence of mental defectiveness in this country. In an address recently to the medical staffs of the Ministry of Health, Ministry of Education and Home Office, the figure was placed as high as 300,000 for England and Wales, although the majority (75 per cent.) were admitted to belong to the feeble-minded group, those coming nearest to normality. From the feeble-minded group large numbers are never reported to the local health authority. Although of sub-normal intelligence, some of them make an undistinguished career in ordinary schools or private schools, and the remainder attend the special schools for educationally sub-normal children provided by the education authority. Of these latter groups, the children are not reported to the local health authority as mentally defective children unless there is some social breakdown, trouble with the police, delinquency, or some similar difficulty, and the remainder pass out into open industry, usually with a certain amount of " friendly " supervision.

This is in many ways a most dangerous and unsatisfactory position. It is a well known fact that several higher-grade feeble-minded children often appear in one family, and furthermore that families of this type occur in the poorest social grade of society, that of the unskilled worker, far more frequently than in the ranks of the skilled worker. On the other hand, the grosser forms of mental defect, the idiots and the imbeciles, appear to be evenly distributed amongst all grades of society. The danger is this—that among the high-grade feeble-minded are to be found predominantly those social liabilities who occupy so much of the time and energies of welfare workers of all types; delinquents, problem families, moral defectives, prostitutes, and criminals of all types. The unsatisfactory part of the problem is that these potentially anti-social types, living under the poorest conditions, and with the poorest family backgrounds, have no statutory supervision, whereas the grosser form of mental defect which, generally speaking, carries little danger to the rest of the community, is recognised by the law, and is supervised according to the law.

It is clearly a good thing that, by the Education Act of 1944, the majority of feeble-minded children have full educational facilities, but only if there is efficient after-care on school-leaving and during the early years of employment, until these children become stable and responsible citizens, can the policy of non-ascertainment be justified.

Most of those children admitted to institutions fall into two main groups, namely (*a*) the low-grade defective, idiots, imbeciles and the like, who are unmanageable at home, or have no relatives or friends to look after them, or (*b*) the anti-social high-grade defective, sometimes with violent or criminal tendencies, often following one or more escapades which have brought him to the notice of the police. It has been estimated that in many institutions at least 50 per cent. of the inmates are high-grade defectives, many of whom are capable of earning their living, but owing to anti-social conduct their detention is necessary until their characters have stabilised.

In Day Occupation Centres of the local authority, as will be described later, the trainees tend to fall into the middle grade of mental defectiveness.

Throughout the country there is a great shortage of institutional accommodation, and in Sheffield during 1952 the numbers on the waiting list rose from 87 to 93. Many of these are cases of extreme urgency, a sore trial to their parents, and in some cases they have been on the waiting list for several years. In this connection there would seem to be a great need for co-operation between the local authority and the Regional Hospital Board. The latter, in their institutions, have large numbers of high grade defectives who could do good work under supervision, as in occupation centres and industrial centres of the local authority. If their places in institutions could be filled from the waiting list of the local authority, this would represent a tremendous step forward without the expensive necessity of building and staffing additional institutions. The only requirement would be hostels, built and staffed by either the regional hospital board or local authorities, where the defectives could live on licence, and where they would be under skilled supervision. It would seem that this method deserves further trial than has so far been given to it.

Mental Deficiency Acts, 1913 to 1938.—At the end of 1952 there were 1,148 mental defectives on the Register, compared with 1,127 at the end of 1951. These cases were classified as follows :—

Cases	Males	Females	Total
Under Statutory Supervision	518	477	995
Under Statutory Supervision and awaiting admission to Institutions	45	48	93
Under Guardianship	2	1	3
On Licence from Institutions	30	27	57
	595	553	1,148

Cases under home supervision vary from time to time. Each year newly ascertained cases of mental defect are added to the register, in addition to transfers from other areas, and an inconstant number of defectives on licence from institutions. These additions are offset by admissions to institutions, deaths, transfers, and discharges, and the numbers on the register remain fairly constant.

NUMBER OF CASES UNDER HOME SUPERVISION			
Year	Males	Females	Total
1946 ..	—	—	1,106
1947 ..	—	—	1,107
1948 ..	517	509	1,026
1949 ..	536	531	1,067
1950 ..	557	557	1,114
1951 ..	566	561	1,127
1952 ..	595	553	1,148

During 1952, a total of 95 cases of possible mental defect were referred to the Department in order that they might be examined and their mental state ascertained. Of this number, 85 cases were referred by the Education Department, and the remainder from other sources, such as private doctors, parents, health visitors, etc. The examination of 73 cases had been completed by the end of the year, all being ascertained to be mental defectives ; two of them were admitted to institutions and the remainder were recommended for statutory supervision in their own homes, with or without attendance at the occupation centre, or admission to an institution at a later date, as might be appropriate.

Occupation Centre.—It is disappointing to have to record that the extension of occupation centre activities, a preliminary note of which appeared in the Annual Report for 1951, has still not taken place. The negotiations for the purchase of " The Towers " have been protracted by legal and administrative difficulties, which fortunately now appear to be on point of solution, but during the period of waiting a good deal of thought has been given to the whole problem of training mental defectives, for their own good and for the good of the community.

It seems fairly clear that, for the mentally defective population of the City, provision will eventually be required for about 400 places in day occupation and industrial centres. The great majority of the children occupying them are likely to be medium and low-grade feeble-minded children, and imbeciles, for the high-grade feeble-minded child usually finds a place in the special schools of the Education Authority and, having attained the age of 16 years, passes into open employment without being notified to the Health Authority. The " failures " from this group, the delinquents and social misfits who fail to adjust themselves, are likely to be notified as mental defectives at some stage and come under supervision by the Health Authority, and for some of these a place will have to be found in occupation centres, while others may need institutional care for a period until they become more stable citizens.

The trainees at occupational and industrial centres are thus likely to be :—

High-grade feeble-minded (a few).
Medium and low-grade feeble-minded (the majority).
Imbeciles.

At first sight this would seem to be most unpromising material, but experience has shown that practically all mentally defective children benefit to an appreciable extent by firm but sympathetic handling in small classes and, in those cases where progress is not made, the fault is usually to be found in either the parents or the home conditions, both of which are frequently unsatisfactory. The object of training is to develop the limited mental equipment of the child to its fullest extent, and to direct its energies into useful channels, at the same time teaching the child to live in harmony within the community and to cultivate good habits of conduct and behaviour. The average mother, particularly if she has other young children at home, has neither the time nor the specialised knowledge to do this, and unless the mother is exceptional, the mentally defective child who is left at home makes only limited progress. Generally speaking, the earlier training can begin, the better the results are likely to be, and it is hoped that the age of admission to the juvenile class can be gradually reduced.

Capable training of the young mental defective in the juvenile class is just as much a prerequisite for the success of senior training in the industrial classes as is kindergarten and junior school training towards success in the higher grades of the ordinary educational system. The juvenile class is, in fact, the most important single element in the educational system of the mental defective and no effort should be spared to make it a successful one. During the time the child is in the juvenile class, it can usually be readily determined what further training can be absorbed and in which direction this should lead.

In the senior classes are to be found defectives of both sexes, ranging from young adolescents to those of middle age. Although a few of the higher grade should eventually be able to hold their own in open employment, particularly if labour is scarce, the type of boy or girl forming the bulk of the classes in the occupation centre will always need employment under sheltered conditions, in an atmosphere which is not strange, with equipment and materials with which they are familiar, and helped by supervisors they know and trust. Under these special conditions a surprising amount of work can be done by groups of adult defectives and, whereas the juvenile class will always be an expensive training ground, the senior classes should aim as far as possible towards being self-supporting. In connection with the occupational adaptation of adult defectives, a considerable amount of work has been carried out by the Medical Research Council, extensive studies having been made in a number of large institutions. The general conclusion that must inevitably be reached is that the mental defective who becomes a self-supporting unit of the community will almost invariably do this by the strength of his arm, and his niche in life will in most cases be that of the unskilled manual worker. In some cases, however, he can work simple machinery, and can often endure the boredom of simple repetitive work better than one of higher intellectual abilities. Some mental defectives can earn quite reasonable sums of money on repetition jobs at piece work rates. The following conclusions, the majority of which have been confirmed by the Medical Research Council's study, seem to be fundamental :—

(1) The job on which the defective is engaged should be a " man's " job. The adult defective, like any other adult, does not like to be treated as a little boy.

(2) There must be definite incentives for hard work, and the strongest of these is the financial incentive. This means that the defective in the industrial class should be paid for the work he does, and he will usually realise fairly quickly that the harder he works the more money he earns. With money in his pocket, and with wise guidance on spending and saving, the mental defective builds up his self respect and is well started along the road to social rehabilitation.

(3) All training must have an end in view. Those defectives who are potential recruits for the open labour market should be trained for the type of job available in industry locally. Contact should be made with sympathetic commercial firms who can be persuaded to give defectives a trial after training in their own factories, and these firms may on occasion be persuaded to loan or hire machinery or equipment to the centre of the same type as the defective would use when he joined the firm. In this way, the training of the man on the machine is done by the occupation centre and not at the expense of the firm, and possibly also the firm would be willing to accept work done by the occupation centre on these machines as part of their own contracts.

(4) For those defectives who are unlikely to enter open industry, and whose working lives will be spent in the occupation centre or industrial centre, certain definite types of work must be found, work of value to the community for which there is a need, and not simply something designed to kill time. The suggestion is that the occupation centre should enter the market for contracts in the same way as Remploy factories, and that their machinery and equipment, though of simple design and easy of manipulation, should be as up-to-date as in any modern factory. There is absolutely no point in using in occupation centres obsolete equipment and machinery which should be in a museum. No boy trained in this way can even hope to hold his own in open industry.

(5) All work should be broken down into its simplest components so that even a complicated job can be done in easy stages. This means that the supervisors in the industrial centre must be skilled workmen themselves, who are capable of breaking a job down and presenting it to the defective in a way he can understand.

(6) It would be unwise, in the case of both senior male and female defectives, to have more than a few main " lines " at the industrial centre. It is far better to do one or two things really well than to squander the energies of all concerned over a wide variety of occupations. On the other hand, if only one " line " is undertaken, a slump in this particular work has rather disastrous consequences on the life of the centre, and the ideal arrangement is probably two main " lines ", and a few subsidiary ones. In connection with the main " lines ", capital costs of equipment are likely to be high, but the returns are likely to be high also if the work is done well.

The Work of the Occupation Centre at Pitsmoor Road.—There were 78 defectives on the register at the end of this year, 40 being adult males, 5 adult females, and 33 junior males. The average daily attendance of adults was 37, and of juniors 23. Six adults and six juniors were admitted during the year, and four adults and three juniors left the Centre. Of the discharges, two took up open employment, one was admitted to a special school following a review of his case by the Education Department, and one was admitted to an institution.

The work of the Centre has been well maintained, and an excellent staff has been got together, several of whom accompanied 40 of the boys to their annual seven days' camp near Saltburn.

During the year, two students taking the course for the Diploma of the National Association for Mental Health received instruction at the Centre.

Care of Mental Defectives in their Own Homes.—The mental health visiting staff made a total of 5,215 visits to the homes of mental defectives during the year. This number includes, in addition to visits of statutory supervision, special visits in order to assess home circumstances of institutional cases in connection with applications for discharge, holiday leave, and cases due for reconsideration under Section 11 of the Mental Deficiency Act, 1913, as regards certification. The inspectors also accompanied 95 mental defectives to and from institutions, were present at the medical examinations of 211 cases and attended Court in connection with 75 cases.

Visits to Other Authorities.—During the year, the Chairman of the Health Committee (Alderman W. E. Yorke), the Chairman of the Mental Health Sub-Committee (Councillor J. Shaw) and the Medical Officer of Health, visited Darenth Park Colony, where much of the work of the Medical Research Council on the occupational adaptation of high grade mental defectives has been carried out. The Chairman of the Mental Health Sub-Committee, the Deputy Medical Officer of Health and the Administrative Officer also visited the Leeds Occupation Centres.

SANITARY ADMINISTRATION

In the year 1952, the staff of Sanitary Inspectors made a total of 45,681 visits to, and inspections of, dwellinghouses for the investigation and abatement of nuisances under the Public Health Act, 1936 ; a considerable proportion of these nuisances was brought to the notice of the Department by complaints of tenants. These visits and inspections related, in all, to 11,332 houses. Visits of investigation, in regard to infectious and other notifiable diseases and many other visits relating to the general sanitary administration of the City, were also made by the staff of Sanitary Inspectors during the year ; details of these visits are to be found in Table XXVIII within this section of the Report.

Infectious Disease—Investigation and Disinfection.—The Sanitary Inspectors made 6,701 visits of investigation during the year, at households where infectious or other notifiable diseases had occurred. In addition, 3,283 homes were visited by the staff of the Disinfecting Station for the purpose of carrying out disinfection at the houses on account of the occurrence of notifiable or other diseases. Beds and bedding, the patient's clothing and other articles which had been in contact with the patient, were collected by the staff and taken away for disinfection by steam.

Treatment of Scabies.—Treatment of Scabies was provided in premises at the Disinfecting Station in Plum Lane. Whenever a case of Scabies is brought to the notice of the Department, every effort is made to induce all the members of the family to undergo treatment. 67 persons, including 39 school children, attended for treatment during the year either as patients or as contacts. The number of persons treated for Scabies has steadily reduced since the peak year of 1942, when 5,729 persons were treated. In all instances, whilst the treatment is being given, the personal clothing is disinfected by steam. In addition, beds and bedding are collected from the homes and steam disinfected, and this was done in the case of 23 families during 1952. After treatment, all cases are followed up by visits to the home by the Health Visitors.

Disinfestation.—The use of D.D.T. for the eradication of insect pests, a service which commenced in 1945, was continued during the year 1952. D.D.T. has proved to be very satisfactory for dealing with bugs, fleas, cockroaches, beetles, crickets, silverfish, steam flies and other insects. The use of D.D.T. has largely replaced Cyanide, and has become the standard method for house disinfestation and for the disinfestation of premises generally. It has been found convenient, according to the circumstances, to apply the D.D.T. either by spraying, in the form of an emulsion, or by distributing it, through a mechanical blower, as a powder containing 10 per cent. of D.D.T. A charge is made to the occupiers of the premises for these services. 351 premises were disinfested with D.D.T. during the year 1952, as follows : 104 Corporation Houses ; 12 other Corporation premises, including Schools, etc. ; 225 private houses ; and 10 miscellaneous premises, such as shops, warehouses, works' canteens, and hospitals, etc.

The use of Cyanide for disinfestation continued on a small scale during the year. 300 families were removed to Corporation Housing Estates during the year, and their furniture and effects were disinfested by Cyanide in air-tight steel containers in order to eradicate bug infestation. The beds and bedding were treated by steam disinfestation.

Cleansing of Verminous Persons.—109 persons attended at the Disinfecting Station during the year for treatment for the eradication of vermin. A special disinfesting bath and cleansing treatment were given in all these cases, and the personal clothing and bedding were disinfested. The following statement shows the numbers of persons who attended at the Disinfecting Station for treatment during the previous five years.

Year.	Persons who attended for Treatment.
1947	107
1948	65
1949	61
1950	101
1951	164

Testing of Drainage Systems.—434 smoke tests and 1,063 colour tests were applied during the year to drainage systems which were suspected of being defective. In certain instances, the staff of the City Engineer's Department collaborated with the Sanitary Inspectors in these tests. Where drains were found to be defective, the Sanitary Inspectors supervised the works of repair or reconstruction. 627 water tests were applied during the year to ascertain whether drains which had been relaid were satisfactory.

Closet Accommodation.—The schemes for the conversion of privies into water closets, for the provision of one water closet for each house in the City, and for the substitution of pail, trough and waste-water closets by pedestal water closets, virtually reached the completion stage some years ago. In the year 1952, 17 privies, one slop closet and two pail closets were converted into pedestal waterclosets. At the end of the year, 167 privies and 135 pail closets remained to be dealt with. These are isolated ones, situated mostly in semi-rural districts where it has not been practicable to provide water closets owing to the fact that sewers or water are not reasonably available.

Houses Let-in-Lodgings.—The Sanitary Inspectors, in collaboration with the Health Visitors, visited houses let-in-lodgings in the City periodically during the year, with a view to remedying defects which were found and ensuring that there was compliance with the bye-laws.

Factories.—The following table gives particulars of the inspections made during the year under Part I of the Factories Act, 1937, and an analysis of the defects which were found, with particulars of the action taken.

TABLE XXVII.—*Inspections under the Factories Act*, 1937, *Part I.*

1.—**Inspections** for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories WITHOUT MECHANICAL POWER in which Sections 1, 2, 3, 4 and 6 are to be enforced	305	55	8	—
(ii) Factories not included in (i) to which Section 7 applies :—				
(*a*) WITHOUT MECHANICAL POWER, but enforcement of Sections 1, 2, 3, 4 and 6 by Local Authorities revoked by the Local Authorities (Transfer of Enforcement) Order, 1938	3	8	—	—
(*b*) Others—*i.e.*, factories WITH MECHANICAL POWER	3,116	1,214	92	—
(iii) Other Premises under the Act (excluding out-workers' premises) ..	27	29	1	—
TOTALS	3,451	1,306	101	—

2.—Cases in which **defects** were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	19	16	—	8	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	1	—	—	1	—
Inadequate ventilation (S.4) ..	2	2	—	—	—
Ineffective drainage of floors (S.6) ..	6	5	—	—	—
Sanitary Conveniences (S.7)—					
(*a*) Insufficient	32	11	—	6	—
(*b*) Unsuitable or defective ..	135	113	—	27	—
(*c*) Not separate for sexes ..	6	2	—	2	—
Other offences (not including offences relating to Homework)	3	5	—	1	—
TOTALS	204	154	—	45	—

During the year 1952, no outworkers were notified under Part VIII of the Act, which relates to certain work carried out at home by outworkers.

Shops Act, 1950.—Section 38 of the Shops Act, 1950, concerns the health and comfort of employees in wholesale and retail shops and warehouses, or in connection with wholesale or retail trade or business. The section deals particularly with : the ventilation, heating and lighting of these premises ; the facilities for taking meals and for washing ; and the facilities as to sanitary conveniences. As a result of action taken under this section during the year, there were 11 instances where the owners of the premises, who were not complying in all respects with the provisions of Section 38, took the necessary remedial measures.

Preserved Food—Preparation or Manufacture.—During the year there were two new applications received for registration of premises under this heading, and registration was granted in each case. One establishment ceased business during the year.

Ice Cream—Sale, Manufacture, etc.—Premises which are used for these trades must be registered under Section 14 of the Food and Drugs Act, 1938. During the year 1952, 121 premises were registered for the sale only or storage of ice cream. Certain premises ceased to be used for the purpose for which they had been registered ; of these, two had been registered for the manufacture for sale of ice cream and four for the sale only of ice cream.

The Food and Drugs Acts, 1938 to 1950.

The Milk and Dairies Regulations, 1949 *and* 1950.

At 31st December, 1952, the total number on the Register were as follows :—

Milk Distributors residing inside the City	831
Milk Distributors residing outside the City	37
Dairy Premises	91

The Milk (*Special Designation*) (*Pasteurised and Sterilised Milk*) *Regulations*, 1949.

The Milk (*Special Designation*) (*Raw Milk*) *Regulations*, 1949.

At 31st December, 1952, the following licences had been granted for the year :

Dealers Pasteurisers' Licences	6
Dealers Sterilisers' Licence	1
Dealers Pasteurisers' Licence to pasteurise tuberculin tested milk ..	5
Licences to use the Special Designation " Pasteurised "	244
Licences to use the Special Designation " Sterilised "	657
Licences to use the Special Designation " Tuberculin tested "	186
Supplementary Licence to use the Special Designation " Pasteurised " ..	27
Supplementary Licence to use the Special Designation " Sterilised " ..	6
Supplementary Licence to use the Special Designation "Tuberculin tested"	26

Fish Friers' Premises.—At the end of 1952, there were 399 fish friers' premises in the City. There was one new application for registration during the year, and after investigation registration was granted.

Offensive Trades.—New bye-laws in connection with Offensive Trades came into operation on 1st October, 1950. There were 10 premises on the Register of Offensive Trades at the end of the year ; these were : two for Rag Washing, two for Fat Melting and Tripe Boiling, and one each for Rag and Bone Dealing, Fat and Bone Collecting, Tripe Dressing, Tripe Boiling, Bone Boiling and Tallow Melting. All these premises were periodically visited by the Sanitary Inspectors, to ensure that there was compliance with the bye-laws.

Rag Flock and Other Filling Materials Act, 1951.—This Act came into operation on 1st November, 1951. The purpose of the Act is to secure the use of clean filling materials in upholstery, bedding, toys, etc., by imposing controls at the following stages : (i) the manufacture of the filling material ; (ii) its storage ; (iii) its sale ; (iv) its use for filling upholstery, etc., and (v) the sale of the completed article.

Before the Act came into operation there were 21 premises in the City used chiefly as Upholsterers' and Bedding Manufacturers' establishments. There were no premises where rag flocks were manufactured.

Since the new Act became operative, 14 premises have been registered under Section 2 for the use of filling materials specified in the Act, but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Pet Animals Act, 1951.—The Act became operative on 1st April, 1952 ; it provides for a system of licensing and inspection by local authorities of pet shops, the main purpose being the enforcement of the Protection of Animals Acts in their application to the business of selling pets.

At 31st December, 1952, 42 licences had been granted and three pet shops had ceased business. A total of 149 visits was made by the Sanitary Inspectors.

Canal Boats.—There were no registrations of canal boats in the City during 1952. The Canal Boats Inspector made 100 inspections of boats during the year, the object being to ensure that there was compliance with the requirements of the Public Health Act, 1936. There were altogether 193 persons living on board the boats at the time of the inspections, and these persons were in the following age groups : four in the group of children under five years ; two in the group of between five and 14 years ; and 187 over 14 years, of whom 180 were males and seven females. The average number of occupants per boat was 1·93. Except during school holiday periods, a report is sent to the Director of Education whenever a boat is found to have a child of school age on board on arrival in the City.

43 infringements were found, relating to 24 inspections of the boats. All necessary measures were taken in regard to these infringements, and it was not necessary to institute any legal proceedings during the year.

There were no cases of infectious disease upon any of the canal boats in the City during the year and it was not necessary to detain any boats for cleansing or disinfection.

Summary of Visits, etc., of Sanitary Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of Sanitary Inspectors in the year 1952 :—

TABLE XXVIII.—*Summary of the Work of the Sanitary Inspectors during the year* 1952.

1.	Dwelling-houses affected by nuisances—	
	(*a*) Number of Houses	11,332
	(*b*) Number of Inspections	7,457
2.	Number of Smoke Tests applied to Drains	434
3.	Number of Water Tests applied to Drains	627
4.	Number of Colour Tests applied to Drains	1,063
5.	Visits to Work in progress	4,956
6.	Miscellaneous Visits	33,268
7.	Interviews with Owners or Representatives	1,675
8.	Dwelling-houses where Nuisances abated	9,634
9.	Paving Works supervised	254
10.	Visits for Infectious or other notifiable Diseases	6,701
11.	Visits *re* Overcrowding	464
12.	Visits for Disinfection of Premises	9
13.	Visits to Premises *re* Vermin	5,111
14.	Visits to Nurseries	146
15.	Visits to Dairies	295
16.	Visits *re* Offensive Trades	35
17.	Visits to Fried Fish Shops	510
18.	Visits to Ice Cream Premises	475
19.	Visits to Bakehouses	334
20.	Visits to other Food Preparing Premises	1,877
21.	Visits *re* Shops Acts	186
22.	Visits to Workplaces	12
23.	Rag Flock Acts—Number of Premises Visited	18
24.	Notices served—	
	(*a*) Statutory	2,393
	(*b*) Informal	5,925
25.	Number of Cases in which Legal Proceedings taken	6
26.	Visits *re* Diseases of Animals Acts	655
27.	Visits *re* Rats and Mice Infestation	1,130
28.	Visits *re* Common Lodging Houses and Houses Let-in-Lodgings	174
29.	Visits *re* Pet Animals Act	149
30.	Vists *re* Live Poultry (Restrictions) Order, 1952 (from June, 1952)	68
31.	Number of Deposited Plans Inspected (from July, 1952)	1,070
32.	*Re* Properties, etc.—Number of Town Clerk's Search Queries dealt with	3,893

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued assistance and close co-operation have been much appreciated.

Water Supply.—" The water supply provided by the Corporation to the City and District, and bulk supplies to outside Authorities, have been satisfactory both in quality and quantity. There was no curtailment at any time during the year.

All Sheffield's water comes from moorland gathering grounds. It is filtered and chlorinated at the source, and requires the addition of lime to prevent plumbo-solvent action. The lime dosage ensures an average permanent hardness of 33 parts per million, and a total hardness of 48. The average pH value is 8·5.

The number of samples of drinking water examined in the laboratory bacteriologically during the year ended 31st December, 1952, was 2,145. Of this number, 2,118 (98·7 per cent.) were free from coliform organisms in 100 mls. and 2,131 (99·3 per cent.) were free from Bact. Coli, type 1 (an organism whose natural habitat is the human or animal intestine, and which is an indicator of excretal pollution of water), in 100 mls. Included in this number were some samples taken before chlorination.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 883. Of these, 871 (98·6 per cent.) were free from coliform organisms and 879 (99·5 per cent.) contained no Bact. Coli, type 1, in 100 mls.

154 samples were taken from consumers' taps for examination for lead. Of these, 123 (80·0 per cent.) contained no lead. Of the 31 samples showing detectable traces of lead, 23 were from three taps. The quantity of lead found varied from very slight traces (less than 0·01 ppm) up to 0·11 ppm as Pb.

As a first line of defence, the Undertaking exercises sanitary control over the entire watershed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds.

The number of dwelling-houses supplied direct was 169,445. No houses within the Sheffield area are supplied by standpipe. The population supplied direct was 543,893, and indirectly (*via* bulk supplies) 208,839."

Rodent Control.—The Rodent Control service commenced on 10th April, 1944, being instituted as the result of responsibilities which devolved upon the Public Health Department under the Infestation Order, 1943. The Service is now operating under the Prevention of Damage by Pests Act, 1949, which came into force on the 31st March, 1950.

There were eight Rodent Operatives employed in this service in 1952, and the service was in the charge of a Sanitary Inspector seconded to the position of Rodent Officer.

The services of the Rodent Operatives are made available upon application by the occupiers of infested premises, payment being upon a cost basis laid down by the Corporation. All premises in regard to which there are complaints of infestation by rats or mice are in the first instance visited by the staff of Sanitary Inspectors.

In the statement below are given the numbers of applications for the services of the Rodent Operatives which were dealt with in the years 1950 to 1952, together with the numbers of baiting points laid and the estimated numbers of rats and mice exterminated. The demand for these services has been maintained during 1952, and an increased number of baiting points continue to be laid.

Services Rendered.	Year 1950	Year 1951	Year 1952
Number of applications dealt with (Rat Infestation) ..	670	751	664
Number of applications dealt with (Mice Infestation) ..	1,360	1,254	1,654
Number of baiting points laid	31,873	36,045	36,600
Estimated number of rats exterminated	5,400	8,900	9,500
Estimated number of mice exterminated	44,000	50,800	56,000

Sewer Disinfestation.—The scheme, which commenced on 7th May, 1945, for the disinfestation of the sewers, rivers and culverts of the City, continued in the year 1952. This work was undertaken by the City Engineer, who provided a staff of 6 operatives forming part of the Rodent Control service of the Public Health Department whilst engaged upon the work.

At the commencement of the scheme, in 1945, plans were formulated to deal initially with infestations in the central areas of the City and then to expand outwards so as to systematically treat the whole of the old built-up areas of the City.

The Ministry of Agriculture and Fisheries' procedure regarding the methods of pre-baiting and poisoning are adhered to throughout in this work. The disinfestation of sewers comprises what is known as an initial treatment, followed by maintenance treatments of a similar kind at six-monthly intervals. The sewers in the outlying areas of the City, including the newer Corporation housing estates, receive a " Pilot " test annually ; that is to say, one in every ten sewer manholes is pre-baited, and those showing evidence of infestation are included in a full-scale treatment area.

The tenth maintenance treatment was completed during the year 1952, this being followed by a " Pilot " testing of the whole of the outlying areas of the City. In this test, which was applied at some 10,160 man-holes, only 20 " takes " were recorded. These small areas of infestation then received full-scale treatments. In addition, the eleventh maintenance treatment was carried out during the year, and also part of the twelfth maintenance treatment.

The number of man-holes baited and points laid in river culverts and on river banks during the year totalled 14,534, and the estimated number of rats killed totalled 16,760.

Arsenious oxide and zinc phosphide are still the standard poisons used in disinfestation work. Red squill is a useful substitute where extreme care is necessary against children or domestic animals. " Antu ", (alpha-naphthyl-thio-urea) has been used in the more obstinate cases, but exceptionally high toxicity limits its use. The recently introduced " Warfarin," a blood anti-coagulent, has proved most efficient, especially in obstinate cases, and since it is the first " direct " poison introduced, that is, where prebaiting and subsequent poison recovery is unnecessary, its use will be greatly extended in both rat and mouse disinfestation work.

Details of work carried out during the year are given in the statements below.

Completion of Tenth Maintenance Treatment—Year 1952.

Areas treated	Number of manholes baited or points laid	Number of complete and partial " takes " recorded	Estimated number of rats killed
Sewer manholes	3,405	294	3,250
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook	128	21	190
Four areas from " Pilot " test	128	30	290
Totals	3,661	345	3,730

Eleventh Maintenance Treatment—Year 1952.

Areas treated	Number of manholes baited or points laid	Number of complete and partial " takes " recorded	Estimated number of rats killed
Sewer manholes	4,982	552	5,700
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook	2,348	432	3,700
Totals	7,330	984	9,400

Part of Twelfth Maintenance Treatment—Year 1952.

Areas treated	Number of manholes baited or points laid	Number of complete and partial " takes " recorded	Estimated number of rats killed
Sewer manholes	1,625	445	930
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook	1,918	394	2,700
Totals	3,543	839	3,630

SMOKE ABATEMENT.

The Sheffield, Rotherham and District Smoke Abatement Committee, a Regional Committee with full statutory powers for Smoke Abatement, has responsibility in regard to the five administrative areas of the City of Sheffield, the County Borough of Rotherham, the Urban Districts of Rawmarsh and Stocksbridge, and Rotherham Rural District. This Committee is the only statutory committee of its kind in the country, other regional committees for smoke abatement acting only in an advisory capacity.

The activities of the Committee in the year 1952, so far as they relate to the City of Sheffield, are briefly outlined below :—

Action under the Public Health Act, 1936.—Systematic observations of all industrial chimneys continued throughout the year, and much work was carried out in advising manufacturers and boiler-firemen on improved methods of working. The following are the details of the work done by the Smoke Inspectors in the City during the year 1952 :—

Number of chimneys observed (half hour observations)	5,625
Number of minutes smoke emitted	10,985
Average minutes of smoke emission per half hour	1·9
Number of Abatement Notices served	240
Number of Intimation Notices served..	338
Number of Advisory Visits	564
Number of complaints dealt with	87
Prosecutions	5

From the above statement, it will be seen that the average of the minutes of smoke emitted per half hour, from the observations of chimneys in the year 1952, was 1·9 minutes. This average is the same as that for 1951, but is considerably above the average of 1·4 minutes per half hour recorded in 1938.

22 cases of undue emission of smoke were reported to the Committee, and legal proceedings were instituted in five cases ; in two cases Magistrate's Orders to abate the nuisance were obtained and costs were imposed ; in one other case a penalty of £10 was imposed for non-compliance with a Magistrate's Order to abate the nuisance. Two further cases were finally withdrawn after being adjourned for reconstruction work to be completed.

Atmospheric Pollution.—The recording of atmospheric pollution was continued during the year. Additional sulphur recording gauges were installed at Penrith Road and Musgrave Road on the Shirecliffe Housing Estate, close to the Power Station. So far, these gauges have not shown any abnormal sulphur deposits. It has been stated on many occasions that domestic pollution is greater than that of industry, but records show that, in Sheffield, the amount of pollution caused by industry is more than twice as heavy as that recorded from domestic chimneys. The difference between domestic, commercial and industrial areas is consistent and is clearly defined. The table which follows gives the averages of the monthly deposits of solid matter at the three fixed collecting stations in the five years 1948 to 1952, together with the highest monthly deposit at each station in those years.

TABLE XXIX.—*Solid Matter deposited at the fixed Sheffield Collecting Stations, during five years:* 1948 *to* 1952.

Year	Tons of Solid Matter Deposited per Square Mile					
	Attercliffe		Surrey Street		Fulwood	
	Average Deposit per Month	Highest Monthly Deposit	Average Deposit per Month	Highest Monthly Deposit	Average Deposit per Month	Highest Monthly Deposit
1948	36·24	47·76	24·81	36·71	14·05	24·36
1949	40·22	70·22	25·93	32·52	13·03	19·28
1950	35·83	52·96	23·85	38·11	11·31	19·20
1951	34·85	47·62	24·14	41·83	13·51	22·52
1952	36·09	47·97	23·97	35·35	12·42	18·74

It is interesting to note that the average deposit at Attercliffe Collecting Station shows a slight increase, probably due to the fact that the furnaces in this area have been busier than in previous years.

The table below summarises the monthly records of solid matter deposited per square mile in the year 1952 at the six stations at which there were gauges for the measurement of atmospheric pollution :—

TABLE XXX.—*Solid matter deposited at the Sheffield Collecting Stations during the year* 1952.

MONTH	TONS PER SQUARE MILE					
	Attercliffe	Fulwood	Firth Park	Wincobank Sewage Works	Surrey Street	Devonshire Street
January	35·54	18·74	10·46	21·32	23·82	11·08
February	39·58	10·09	11·83	19·65	24·66	10·98
March	41·13	12·93	15·72	21·18	35·35	22·07
April	33·26	12·72	11·77	19·88	26·44	*
May	34·42	13·62	19·51	22·80	23·47	23·72
June	38·32	8·29	11·13	28·84	15·33	11·96
July	47·97	13·33	12·94	21·67	16·03	16·07
August	24·94	11·35	11·87	20·01	12·57	15·40
September	37·58	12·50	12·17	14·37	25·25	21·66
October	34·63	11·46	24·57	23·63	28·22	24·43
November	34·98	10·63	13·14	17·19	32·00	26·11
December	30·84	13·37	12·80	25·92	24·56	23·59
TOTALS	433·19	149·03	167·91	256·46	287·70	207·07
Averages	36·10	12·42	13·99	21·37	23·97	18·82

* Record not available.

Sulphur Determination.—Daily averages for determining the quantity of sulphur in the atmosphere were taken by the lead peroxide method at twelve stations during the year, two additional stations having been installed towards the end of 1951.

Of particular interest are the high seasonal peaks during the winter months, when the heavy, humid atmosphere causes the sulphur content to remain suspended in the atmosphere. It has been noted that an abnormal wind direction gives rise to a high sulphur concentration on occasion.

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area, as recorded during the five years 1948–52, at seven stations, were as follows :—

TABLE XXXI.—*Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years :* 1948–52.

YEAR	DAILY AVERAGE MILLIGRAMMES OF SO_3 PER 100 SQUARE CENTIMETRES						
	Attercliffe	Bessemer Road	Fulwood	Firth Park	Surrey Street	Wincobank	Devonshire Street
1948	5·32	16·76	1·23	3·83	3·47	4·59	2·21
1949	4·89	15·22	1·14	2·96	3·05	4·16	2·04
1950	3·67	9·57	1·01	2·61	2·71	3·37	1·76
1951	4·77	14·02	1·04	2·89	3·13	4·01	2·02
1952	3·91	6·20	1·03	2·38	2·64	2·85	2·19

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area recorded in 1952 were as follows :—

TABLE XXXII.—*Sulphur determination by the Lead Peroxide Method at the twelve Sheffield Stations during the year* 1952.

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY.

MONTH	Attercliffe	Bessemer Road	Fulwood	Devonshire Street	Firth Park	Surrey Street	Wincobank Sewage Works	Jordan Locks	Tinsley	Wincobank	Penrith Road	Musgrave Road
January	8·70	15·92	1·58	2·88	5·36	4·98	6·08	3·37	7·05	4·76	2·54	3·89
February	5·40	4·78	1·33	2·41	2·71	3·35	2·93	2·38	2·90	2·78	2·96	2·47
March	2·88	6·21	1·28	2·26	2·87	2·20	2·40	1·99	2·06	2·38	1·30	1·70
April	3·18	5·42	1·25	2·21	2·08	1·89	1·82	1·79	2·42	1·92	1·93	1·85
May	2·59	4·70	1·09	1·41	1·98	2·75	1·87	1·39	1·74	1·85	1·53	1·28
June	1·76	3·22	0·74	1·34	1·42	1·52	2·34	1·72	1·60	1·84	1·29	1·72
July	2·47	4·51	0·91	1·16	1·34	1·30	1·62	1·25	2·32	1·53	1·04	1·25
August	2·14	2·81	0·76	1·15	1·32	2·15	1·28	1·50	2·75	1·52	1·00	1·29
September	3·54	4·36	0·58	2·01	1·66	2·24	2·19	1·31	2·22	1·50	0·96	1·72
October	3·62	5·84	0·74	2·86	2·22	2·54	3·35	2·46	2·77	2·67	1·80	2·88
November	5·22	11·90	1·29	3·52	3·18	4·33	3·68	2·55	3·13	2·68	1·43	2·83
December	4·39	4·75	0·87	3·03	2·48	2·62	3·59	2·18	3·17	3·08	1·92	2·28
TOTALS	45·89	74·42	12·42	26·24	28·62	31·87	33·15	23·89	34·13	28·51	19·70	25·16
Daily Average	3·82	6·20	1·03	2·19	2·38	2·66	2·76	1·99	2·84	2·38	1·64	2·10

Additional records by the volumetric method were taken at Surrey Street Station and these showed, for the year 1952, a daily average of 0·21 parts of sulphur per million parts of the atmosphere.

Industrial Pollution.—For many years this City has earned the unenviable reputation of being smoky and dirty, owing to the concentrated conditions on the east side of the City, and also to the type of industry that is being carried on there. Metallurgical process chimneys cause the greatest amount of pollution and, unfortunately, these chimneys are provisionally exempted from the Public Health Act.

Since 1930, the fuel research department of the University of Sheffield has been studying the problems of the industry, with the object of assisting the Public Health Department and the manufacturers to improve the condition of the atmosphere by reducing the smoke, fume and dust which are emitted from the process chimneys.

It can be stated that, providing the right type of controlled furnace is used, there is no need for the atmosphere to be polluted as it is at present. Prior to the last war, many obsolete types of furnaces were again put into operation for re-armament purposes, and a number remain in operation to this day.

Although reconstruction work is going forward, it would appear that there is need for acceleration in order to improve atmospheric conditions, and it is thought that an early application to the Ministry of Housing and Local Government for a repeal of the existing provisional exemption would be helpful in this respect.

It can be stated that most of the larger manufacturers have made large scale efforts to improve their conditions, but there still remain a number of furnaces of obsolete type, upon which no effort is being expended to recondition them and make them smokeless. Even where smokeless conditions prevail, it is also found that, where mechanised methods of stoking solid fuel are operating, nuisance is caused by the emission of dust. The greatly added cost of installing dust arrestment appliances deters manufacturers from doing so, especially as no financial return can be anticipated for such expenditure.

It is found that much of the City's industrial pollution is not now from obvious visible smoke, but from dust deposit, which can be considered equally harmful though not so visible to the casual observer.

The continued use of oxygen for melting and refining purposes is causing much anxiety because of the emission of fume and dust in dense quantities where such practice is in operation.

Research Work.—The research work on industrial fumes and dust from melting furnaces has continued and, in addition, special attention has been directed to a new form of " thermitic " melting, which has been causing much anxiety in the vicinity of one works.

The research work on smoke abatement in low temperature furnaces has now been completed, and it is hoped that a special report and some interesting conclusions will be published at an early date.

Domestic Smoke.—Possibly one-third of the City's pollution is caused by the 125,000 domestic chimneys, and it is a source of pollution in which considerable improvement can be effected.

In January, 1951, the Ministry requested that, when building licences were issued for dwelling houses, only approved type fireplaces should be installed, and, though this is a step in the right direction in dealing with new houses and new areas, it has little bearing on existing housing estates and the central area.

The new approved type fireplace is essentially a coke burning appliance and, if used in this manner, will make a valuable contribution towards a cleaner atmosphere, as well as effecting considerable fuel economy.

The greatly increased cost of fuel has made it necessary for many people to consider installing these fireplaces, which not only are more efficient heating units, but if worked judiciously show considerable saving in the use of fuel.

During December, a prolonged fog in London and certain provincial cities caused much inconvenience and, it is alleged, loss of life due to bronchial and lung trouble. In this respect Sheffield was particularly fortunate, as during the whole of the year there was no incidence of sustained fog conditions.

Town Planning and Prior Approval.—Since June, 1946, a period of six and a half years, all plans of fuel burning appliances to be installed in the City have been scrutinised by this Department, and this part of the work is considered an important aspect of smoke prevention, rather than smoke abatement.

The additional demand for gas and electricity continued, and the embarrassment caused in the central and residential areas, where gas, electricity and oil were the only approved types of fuel, was possibly greater than ever because gas and electricity were not available for space heating. Owing to this difficulty, a special report was submitted to the Town Planning Committee, emphasising the work done and showing that the difficulty was only a temporary one. This report was accepted and the policy of " Prior Approval ", as being carried out, was supported.

During the year, 770 plans were examined and the necessary types of fuel burning appliances were agreed upon.

In September a National Fuel Policy Report was published and, though no specific directive was given, it was recommended that the general policy of " Prior Approval ", as already in operation, should be extended wherever possible.

As an amount of reconstruction work has already been carried out in the Central Area of the City, a survey is being made of a given area with the object of studying the possibility of declaring a smokeless zone.

A cross section of this survey shows that, of the first hundred premises investigated, 33 are smokeless and 44 could be made smokeless without incurring heavy expenditure. Even if this survey shows the scheme to be impracticable at present, owing to the inability to make the other 23 per cent. smokeless, the information obtained will have been most valuable for future use.

Fuel Supplies.—As already stated, supplies of gas and electricity were not available for " space heating " purposes in the Central and Residential Areas, and this was the cause of some concern to the Department for Town Planning purposes, because it has advocated smokeless methods for space heating. In addition, certain manufacturers were asked to accept lower grade fuels, and a survey of certain steelworks, where nuisance was prevalent, showed that the grades of fuel being supplied caused or aggravated the nuisance. This lack of suitable fuel has been a source of embarrassment to the Public Health Department in its efforts to reduce smoke.

Instructional Work.—Efficiency classes for stokers and furnacemen were inaugurated by this Department nineteen years ago, and have continued without interruption since that date. Thirty-five students presented themselves for examination, and thirty certificates were issued in May, 1952. This is the largest number of certificates yet issued for one examination, and it does show an increased interest by the men and the employers.

As fuel burning appliances are now becoming mechanised, it is important that all stokers and furnacemen should be able to understand such mechanisms and operate them efficiently. The evolution of fuel burning appliances will eventually make it a necessity that all operatives shall become certificated.

In addition to instructional classes for furnacemen and stokers, special classes for Smoke Inspectors were inaugurated during the year at the College of Technology.

HOUSING

It has been stated in earlier Reports that the progress of the Slum Clearance Scheme was halted upon the outbreak of War in 1939, in accordance with the directions of the Ministry of Health. Certain information is recorded in this Report of action taken in regard to the demolition of dwelling-houses which took place in the year 1952—these being mostly condemned houses, the demolition of which had been delayed owing to the general housing shortage, but which had become in such a dangerous state, structurally, or from the health point of view, as to render their demolition an urgent matter. The last of the rehousing of displaced tenants under the Slum Clearance Scheme proper was in the year 1940, but in the year under review there were a few families who were transferred to houses on Corporation Estates from houses which had been scheduled for demolition prior to the War.

Demolition of Houses.—21 houses which were in Slum Clearance Areas were demolished or rendered unusable as dwelling-houses in the year 1952. There were also eight individual unfit houses demolished during the year as a result of demolition orders.

Overcrowding.—It will be realised that, in the long period which has passed since the Official Survey of Overcrowding was undertaken as required by the provisions of the Housing Act, 1935, it has not been physically possible to keep abreast of all the movements of the population of the City so as to incorporate these into an up-to-date picture of the position in regard to overcrowding, and at best the information given here can only be an approximate figure. A reasonably accurate record of movements from and into Corporation houses either by new lettings, re-lettings, and mutual exchanges is kept, but obviously there must be a fairly large number of movements of sub-tenants and lodgers in and out of Corporation houses and private houses which are unknown to this Department. Further, mutual exchanges take place between tenants of private houses and my Department are not notified of these. It must, therefore, be emphasised that until another Official Survey is undertaken the information can only be approximate.

The following summary shows how information relating to overcrowding existing at 31st December, 1952, has been obtained during the period 1936-1952. It does not include cases known to have been relieved during that period :—

Source of Information.	No. of dwellings.	No. of families.	Equivalent No. of Persons.
Discovered at 1936 Survey	1,973	2,151	11,601½
By personal complaint to the Department ..	939	1,571	6,053
Discovered by sanitary inspectors during normal course of duties	165	202	1,122
TOTALS	3,077	3,924	18,776½

Erection of Dwelling-houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

838 new dwelling-houses were erected during the year 1952, and, in addition to this figure, 59 additional housing units were provided by the conversion of existing buildings into flats, or by new flats. The corresponding figures for the year 1951 were : 1,485 new dwelling-houses erected and 196 additional housing units provided. During the year, 1,160 new dwelling-houses and flats were erected on Corporation Estates outside the City Boundary.

The approximate total number of houses on the Rate Books at 31st December, 1952, was 155,241.

Inspection of Dwelling-houses.—All inspections of dwellinghouses for housing defects, under the Public Health or Housing Acts, are made by the staff of Sanitary Inspectors and 11,409 houses were inspected during the year 1952. 8,317 houses, at which there had been defects, were rendered fit during the year as a result of informal action taken by the Department. Notices were served under the Public Health Act, 1936, as regards 3,712 houses, requiring defects to be remedied.

Tables of Housing Statistics.—As a conclusion to this section of the Report there are given certain tables of Housing Statistics. These are Table XXXIII, being general statistics in regard to Housing, and Tables XXXIV and XXXV which relate to action which was taken under the Housing Acts in 1952 and in past years, in regard to unfit houses in clearance areas and individual unfit houses respectively. Although there has been comparatively little to add to these tables since 1939, they are reprinted in order to preserve the continuity of the Housing Records.

TABLE XXXIII.—*Housing Statistics of the year* 1952.

1. Inspection of dwelling-houses during the year :—	
(1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	11,409
(*b*) Number of Inspections made for the purpose	*8,126
(2) (*a*) Number of dwelling-houses (included under (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	—
(*b*) Number of Inspections made for the purpose	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	11
(4) Number of dwelling-houses (exclusive of those referred to under (3) above) found not to be in all respects reasonably fit for human habitation	—
2. Remedy of defects during the year without service of formal notices :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	8,317
3. Action under Statutory Powers during the year :—	
(*a*) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	—
(*b*) By local authority in default of owners	—
(*b*) Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	3,712
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(*a*) By owners	2,079
(*b*) By local authority in default of owners	—
(*c*) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	12
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	8
(*d*) Proceedings under Section 12 of the Housing Act, 1936 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—
4. Housing Act, 1936—Part IV—Overcrowding :—	
(*a*) (i) Number of dwellings overcrowded at the end of the year	3,077
(ii) Number of families dwelling therein	3,924
(iii) Number of persons dwelling therein (equivalent Number)	18,776·5
(*b*) Number of new cases of overcrowding reported during the year	127
(*c*) (i) Number of cases of overcrowding relieved during the year	109
(ii) Number of persons concerned in such cases (equivalent Number)	546
(*d*) Particulars of any cases in which dwelling-houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	—

* A proportion of these inspections relates to visits to blocks of houses affected by nuisances.

TABLE XXXIV.—*Housing Acts*, 1930 *and* 1936.—*Clearance Areas. Summary of Work Done.*

YEAR	OFFICIAL REPRESENTATIONS MADE BY THE MEDICAL OFFICER OF HEALTH		PUBLIC INQUIRIES HELD BY MINISTRY OF HEALTH'S INSPECTORS						VACATION OF HOUSES AND RE-HOUSING OF DISPLACED TENANTS				No. of Houses Demolished or Abolished
	No. of Areas involved	No. of Houses involved	No. of Areas for which Inquiries were held	Total No. of Houses involved	No. of Houses for which Orders were confirmed	No. of Houses changed from "Pink" to "Grey" on plan	No. of Houses Excluded from Orders	No. of Houses purchased by Corporation for Demolition and for which Orders were rescinded	No. of Houses vacant when Orders made	No. of Houses from which displaced tenants were re-housed by the Corporation	No. of Houses from which tenants found their own Accommodation	Total No. of Houses vacated	
1930 (from 1st October)	17	394	—	—	—	—	—	—	—	—	—	—	—
1931	—	—	17	394	290	3	18	83	12	—	—	12	—
1932	7	435	7	435	—	—	—	—	5	298	32	335	88
1933	16	906	10	635	593	—	35	—	5	254	8	267	377
1934	67	3238	34	1636	1439	4	32	—	16	899	98	1013	857
1935	93	4558	67	3401	2437	19	38	—	17	764	23	804	776
1936	67	3239	65	3030	3730	2	86	—	40	1311	81	1432	1109
1937	125	5378	66	3232	2676	7	26	7	39	2087	136	2262	2101
1938	166	3908	40	3174	3995	4	32	—	41	2051	176	2268	2456
1939	65	752	105	2372	1207	6	15	—	45	1808	122	1975	1677
1940	—	—	—	—	—	—	—	—	—	469	24	493	195
1941	—	—	—	—	—	—	—	—	—	—	873	873	591
1942	—	—	—	—	—	—	—	—	—	—	—	—	291
1943	—	—	—	—	—	—	—	—	—	—	—	—	67
1944	—	—	—	—	—	—	—	—	—	—	—	—	144
1945	—	—	—	—	—	—	—	—	—	—	—	—	349
1946	—	—	—	—	—	—	—	—	—	18	—	18	103
1947	—	—	—	—	—	—	—	—	—	36	—	36	53
1948	—	—	—	—	—	—	—	—	—	36	—	36	91
1949	—	—	—	—	—	—	—	—	—	29	3	32	57
1950	—	—	—	—	—	—	—	—	—	4	7	11	28
1951	—	—	—	—	—	—	—	—	—	11	—	11	14
1952	—	—	—	—	—	—	—	—	—	52	2	54	21
TOTALS	623	22808	411	18309	16367	45	282	90	220	10127	1585	11932	11445

TABLE XXXV.—*Housing Act*, 1930—*Section* 19 / *Housing Act*, 1936—*Section* 11 } *Individual Unfit Houses. Summary of Work Done.*

YEAR	OFFICIAL REPRESENTATIONS MADE BY THE MEDICAL OFFICER OF HEALTH					VACATION OF HOUSES AND REHOUSING OF DISPLACED PERSONS				NUMBER OF HOUSES				REMARKS
											ABOLISHED OR DEMOLISHED			
	No. of Properties involved	No. of Houses involved	No. of Houses for which Representations withdrawn	No. of Houses for which Demolition Orders made	No. of Houses for which Schemes accepted for converting to Works, etc.	No. of Houses from which Tenants have been rehoused by the Corporation	No. of Houses from which Tenants have found own Accommodation	No. of Houses which were Vacant when Orders made or Schemes Accepted	Total No. of Houses Vacated	For which Schemes Completed for converting to Works, etc.	In compliance with Demolition Orders	After Representation but without Demolition Order being made	TOTAL	
1930 (From 1st October only)...	17	48	9	—	—	—	—	—	—	—	—	—	—	Representations under Section 12 of the Housing Act, 1936, in regard to the closing of a small number of individual unfit dwellings, are additional to the figures included in this table.
1931	47	230	1	206	21	—	1	—	1	—	—	—	—	
1932	13	52	—	52	6	110	52	6	168	7	98	7	112	
1933	25	95	—	77	15	101	21	2	124	1	89	—	90	
1934	49	151	2	98	28	100	24	5	129	23	154	10	187	
1935	63	177	3	87	43	150	13	7	170	36	124	—	160	
1936	57	398	3	335	58	162	13	15	190	32	74	1	107	
1937	50	399	—	312	39	247	34	9	290	28	122	—	150	
1938	37	427	—	134	38	351	19	14	384	21	354	—	375	
1939	15	56	1	427	11	399	16	5	420	6	616	4	626	
1940	1	12	—	12	—	17	3	—	20	5	18	3	26	
1941	—	—	—	—	—	20	17	—	37	1	4	—	5	
1942	—	—	—	—	—	—	—	—	—	2	2	—	4	
1943	—	—	—	—	—	—	—	—	—	3	5	—	8	
1944	—	—	—	—	—	—	—	—	—	—	4	—	4	
1945	—	—	—	—	—	—	—	—	—	—	—	—	—	
1946	—	—	—	—	—	1	—	—	1	32	4	—	36	
1947	—	—	—	—	—	—	—	—	—	4	5	—	9	
1948	1	1	—	1	—	1	—	1	2	3	2	—	5	
1949	—	—	—	—	—	—	—	—	—	—	3	—	3	
1950	—	—	—	—	—	1	—	—	1	—	2	—	2	
1951	3	4	—	4	—	3	—	—	3	—	2	—	2	
1952	2	11	—	12	—	12	—	—	12	—	8	—	8	
TOTALS ...	380	2061	19	1757	259	1675	213	64	1952	204	1690	25	1919	

FOOD AND DRUGS

GENERAL FOOD INSPECTION.

Food supplies at wholesale fish and fruit markets, wholesale and retail provision and food stores, and retail markets were inspected regularly and the Food Inspectors made 10,051 visits to these premises during the year. Full use was made of the Kitchen Waste Plant of the Cleansing Department and the Meat Digester Plant at the Corporation Abattoir, and all condemned food which was found to be suitable for conversion into animal feeding stuffs or fertilisers was treated by one or other of these plants. The remaining condemned food was removed to the Corporation Destructor and destroyed. Close supervision was exercised over the 14 shops which retailed horseflesh in the City. All the horseflesh sold in the City had been passed as fit for human consumption and had been slaughtered at approved registered horse slaughterhouses.

Visits made by the Food Inspectors.

Visits to markets and wholesale food premises	8,514
Visits to retail food shops	1,537
Visits to horseflesh shops	658

TABLE XXXVI.—*General Food Inspection—Food condemned as unfit for human consumption during year* 1952.

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.
Canned Goods ...	74,717 cans	—	—	—	—
Almond Flavouring ...	—	—	—	2	16
Bacon and Ham	—	—	2	2	26
Biscuits	—	—	10	2	12
Bovril	7 jars	—	—	—	—
Bread	—	—	—	—	5¼
Butter	—	—	—	—	4$\frac{5}{16}$
Cake Extender ...	—	—	—	1	—
Cakes and Pastry	—	—	7	3	6¼
Cake Powder ...	—	—	—	3	—
Cereals	—	2	—	3	6
Cheese	—	—	14	3	6¼
Chicken	3 jars	—	—	—	—
Chocolate Cake Filling ...	—	—	—	1	14
Chocolate Powder	—	—	—	2	20
Coconut	—	—	3	—	8$\frac{14}{16}$
Coffee	88 bottles	—	—	—	—
Cooking Fat ...	—	—	—	—	1$\frac{14}{16}$
Eggs (Shell) ...	2,256 eggs	—	—	—	—
Egg (Liquid) ...	—	—	—	1	12
Egg Yolk ...	—	—	—	3	4
Fat Compound ...	—	—	1	2	—
Fat Extender ...	—	—	1	—	—
Fish	—	14	8	2	14¼
Fishcakes ...	217	—	—	—	—
Flour	—	—	4	1	8½
Fondant	—	—	—	—	15
Fruit	—	4	11	2	20
Fruit (Dried) ...	—	—	13	3	5½
Fruit Cordials ...	20 bottles	—	—	—	—
Ginger Powder ...	—	—	1	—	—
Ground Rice ...	—	—	2	2	16
Horlicks	3 jars	—	—	—	—
Horseflesh ...	—	—	—	—	27
Ice Cream ...	—	—	—	3	—
Ice Cream Powder	—	—	1	2	25
Jellies	—	—	—	2	4$\frac{5}{16}$
Lemon Butter ...	—	—	—	2	12
Macaroon Paste...	—	—	1	—	—
Malted Milk ...	2 jars	—	—	—	—
Margarine ...	—	—	—	—	9¼
Marmite	5 jars	—	—	—	—
Meat and Fish Paste	258 jars	—	—	—	—
Meat and Meat Products ...	—	4	10	2	13½
Milk (Dried) ...	—	—	—	1	22
Milk Whipping Compound ...	63 cartons	—	—	—	—
Oatmeal	—	—	1	—	—
Peas (Dried) ...	—	—	9	1	19
Pickles and Sauces ...	5,451 jars	—	—	—	—
Poultry and Game	—	—	10	1	19
Preserves ...	—	2	—	—	25
Rabbits	—	4	17	2	9½
Rabbits	9 jars	—	—	—	—
Salad Cream ...	207 jars	—	—	—	—
Sausage Rusks ...	—	—	6	2	—
Shellfish	—	2	12	1	19½
Shellfish	114 jars	—	—	—	—
Sweets and Confectionery...	—	—	9	1	7¾
Sweetened Fat ...	—	—	—	2	—
Sugar	—	—	3	—	4½
Synthetic Cream	—	—	—	—	14
Synthetic Cream	24 jars	—	—	—	—
Tapioca	—	—	1	2	13
Tea	—	—	—	1	—
Vegetables ...	—	—	5	—	1
Xmas Pudding ...	—	—	1	—	2
Cream Sponge Cake	1	—	—	—	—
Sundry Articles	29 jars	—	—	—	—

The total weight of food condemned and destroyed was 97 tons 16 cwts. 2 qrs. 24¾ lbs.

Meat Inspection.—Inspections were carried out at a private slaughterhouse as follows :—

Number of pigs inspected	Weight of meat and offal condemned and surrendered Tons	cwts.	qrs.	lbs.
3,324	5	8	2	6½

(Other details with regard to the inspection of pigs will be found on page 160 of this Report).

In addition to the above, 5 pigs, which were slaughtered on private premises because of suspected Swine Fever, were inspected.

Number of pigs inspected	Weight of meat and offal condemned and surrendered Tons	Cwts.	qrs.	lbs.
5	—	3	3	22

Self Suppliers' Pigs.—356 pigs, which were slaughtered at private premises for consumption by their owners, were inspected and the details are as follows :—

Number of pigs inspected	Passed Fit	Weight of meat and offal condemned and surrendered Tons	Cwts.	qrs.	lbs.
356	340	—	3	2	20

Total weight of all meat and offal condemned and surrendered as unfit for human consumption was 5 tons 16 cwts. and 20½ lbs.

THE MILK SUPPLY.

The daily average consumption of milk in Sheffield during the year 1952 was 42,006 gallons, of which 2,917 gallons were produced in the City and 39,089 gallons were brought into the City from outside areas. This represents 0·66 pints per head of population. In 1931, the daily average consumption of milk per head of population was only 0·34 pints ; in 1938 it had increased to 0·43 pints and it continued to show an upward trend until 1951, when the figure was 0·68 pints. The slight fall in consumption of milk experienced in Sheffield in 1952 was also common to the rest of the country.

The minimum standard for genuine milk, as laid down by the Sale of Milk Regulations, 1939, is 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat. During the year, the average quality of the 1,064 samples of milk procured in the City under the Food and Drugs Act, 1938, was 3·61 per cent. milk fat and 8·62 per cent. milk solids other than milk fat.

It will be of interest to relate briefly the various steps taken by the Inspectorate of the Food and Drugs Section to control and safeguard the City's milk supply. Statistical details of this work are given in the report of this Section's work. To ensure that the chemical quality of the milk sold in the City is up to standard, samples are taken daily from milk vendors as they deliver milk to the consumers' homes. When such milk samples prove to be unsatisfactory, either because of the addition of water or the abstraction or deficiency of milk fat, legal action may be taken against the vendor. Milk samples are also taken for bacteriological examination to determine whether milk is infected with disease ; if milk has been pasteurised or sterilised, that is to say adequately treated with heat to destroy pathogenic organisms, routine samples are taken at frequent intervals to make sure that such milks have been processed in an efficient manner. All milks of special designation, namely : Pasteurised Milk, Tuberculin Tested Pasteurised Milk, Sterilised Milk, Tuberculin Tested Milk and Accredited Milk, are sold subject to licence and must comply with the requirements of the Milk (Special Designation) Regulations, and numerous samples are taken to ensure the purity of these milks.

An important step forward in milk legislation was the coming into operation of the Milk and Dairies Regulations, 1949, on October 1st, 1949. These enactments gave Food and Drugs Authorities for the first time the power to require milk, suspected or known to contain the organisms of the tubercle bacillus, to be pasteurised. Sheffield took action under these Regulations on six occasions during the year.

FOOD AND DRUGS ACT, 1938.

It will be seen from the table which follows that, of the 1,516 formal and informal samples of milk and other food commodities which were taken during the year, there were 104, or 6·86 per cent., which proved to be unsatisfactory.

TABLE XXXVII.—*Results of analyses of samples taken under the Food and Drugs Act,* 1938, *during the year* 1952.

Article Sampled	Total	Formal		Informal	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Milk	1,064	941	42	71	10
Apples	1	—	—	1	—
Baking Powder	13	—	—	13	—
Beef Sausages and Sausage Meat	30	26	1	3	—
Beef Suet	8	—	—	7	1
Butter	6	—	—	6	—
Cake and Pudding Mixtures	10	—	—	10	—
Cakes and Pastry	7	—	—	7	—
Coffee	1	—	—	1	—
Coffee and Chicory Essence	8	—	—	8	—
Cooking Fat	4	—	—	4	—
Dressed Crab	3	1	2	—	—
Dried Egg	2	—	—	2	—
Dried Milk	1	—	—	—	1
Drugs	36	1	1	29	5
Egg Self-Raising Flour	1	—	—	1	—
Gelatine	9	—	2	5	2
Golden Raising Powder	2	—	—	2	—
Ground Almonds	3	2	—	1	—
Ground Cinnamon	1	—	—	1	—
Ground Nutmegs	1	—	—	1	—
Ice Cream	64	56	7	—	1
Jams and Preserves	45	1	—	40	4
Lard	2	—	—	2	—
Margarine	6	—	—	6	—
Meat and Fish Products	24	14	—	9	1
Non-Brewed Condiment	7	—	—	7	—
Nut Mixture	2	—	—	2	—
Orange Syrup	1	—	—	1	—
Pepper	9	—	—	9	—
Pineapple (Crushed)	1	—	—	1	—
Pork Sausages and Sausage Meat	64	42	15	4	3
Potato Crisps	1	—	—	1	—
Rape Seed Oil	1	—	—	1	—
Rice	1	—	—	1	—
Saccharin Tablets	11	—	—	11	—
Salad Cream	5	—	—	5	—
Self Raising Flour	9	—	—	9	—
Soft Drinks	5	1	—	4	—
Sweetened Coconut	1	—	—	1	—
Synthetic Cream	6	1	—	3	2
Table Jelly	9	—	—	9	—
Table Jelly Crystals and Powder	2	—	—	1	1
Tomato Juice...	1	—	—	—	1
Tomato Sauces	9	—	—	9	—
Tomato Soup	1	—	—	1	—
Vinegar (Malt)	14	—	—	14	—
Vita-Cream	2	—	1	—	1
Welsh Rarebit	1	—	—	1	—
Yoghurt	1	—	—	1	—
Totals	1,516	1,086	71	326	33

The following statement gives particulars of the analysis of samples taken under the Food and Drugs Act, 1938, in the years 1939 to 1952 and shows, in regard to each year, the number of samples analysed and the number and percentage of the samples which were found to be unsatisfactory.

Year	Total samples submitted	Unsatisfactory	Percentage unsatisfactory
1939	1,264	56	4·43
1940	1,082	97	8·96
1941	1,064	117	10·98
1942	1,337	117	8·75
1943	1,228	117	9·53
1944	1,370	129	9·42
1945	1,341	97	7·23
1946	1,314	72	5·48
1947	827	71	8·59
1948	741	50	6·75
1949	1,183	144	12·17
1950	1,140	96	8·42
1951	1,125	74	6·57
1952	1,516	104	6·86

The decrease in the number of samples taken in the years 1947 and 1948 was due to the fact that the staff of Food and Drugs Inspectors was depleted, owing to the difficulty in replacing qualified staff who left the service.

Legal Proceedings.—The results of legal proceedings which were taken during the year for offences against the Food and Drugs Act, 1938, and which resulted in penalties totalling £181 7s. 0d. being imposed, are given in the following statement :—

Offences.	Penalties imposed. £	s.	d.
Selling Milk containing added water (four cases)	46	6	0
Selling Dressed Crab containing a starch filler (one case)	6	2	0
Selling Beef Sausages deficient in meat (one case)	8	16	0
Selling Pork Sausages deficient in meat (seven cases)	51	17	0
Selling Pork Sausage Meat deficient in meat (one case)	6	15	0
Selling Ice Cream deficient in fat, sugar and milk solids (one case)	8	15	0
Selling Ice Cream deficient in fat (two cases)	13	10	0
Selling Gelatine deficient in setting power (one case)	8	17	0
Selling Ammoniated Tincture of Quinine deficient in Quinine (one case) ..	5	17	0
Selling Unfit Food (three cases)	24	12	0
TOTAL	£181	7	0

Selling Gelatine deficient in setting power (one case) .. .. .. Case dismissed.

Selling Synthetic Cream with a misleading label .. .. .. Case dismissed.

The three cases of selling unfit food were in respect of a bottle of milk containing earth worms ; a loaf of bread containing a hairpin ; and a cream cake containing a cockroach.

The gelatine prosecution was dismissed because the vendors successfully pleaded a warranty. Because this warranty was over twelve months old, proceedings against the warrantors were barred.

The dismissal of the case concerning the giving of a misleading label, which falsely alleged that the product contained egg yolk, with a carton of synthetic cream, was due to proceedings being taken for the article not being of the quality demanded. The magistrates held that this had not been proved. Alternative proceedings for giving a false label were not taken because the Ministry of Food, who consented to proceedings being taken, advised that the " quality " proceedings only should be taken.

In addition to cases taken to prosecution, official warnings were given in 19 cases of milk fat deficiency, one of dressed crab paste described as dressed crab, two cases of deficient lemon curd, four cases of ice-cream deficient in fat, one case of beef suet deficient in fat, one case of deficient camphorated oil and, in the following cases of infringements of the Food Labelling Order, one case of diabetic jam and one case of table jelly crystals. The manufacturers of a teething powder, whose label did not accurately describe the quantity of calomel it contained, were asked to amend the label, and they undertook to do this.

996 tins of imported luncheon meat found upon analysis to be unfit for human consumption were condemned and destroyed. Similar action was taken in the case of canned tomato juice which contained an excessive amount of tin.

Due to a refrigeration break-down at an ice cream factory, quantities of wrapped ice-cream were contaminated with ammonia, and this necessitated the condemnation of 84 lbs. of ice-cream.

MILK AND DAIRIES REGULATIONS.

The Presence of Tubercle Bacilli in Milk.—In the table which follows, will be found particulars relating to the 277 bulk samples of raw milk which were taken during the year in order that the biological test might be applied. Tubercle bacilli proved to be present in 15, or 5·42 per cent., of the samples.

TABLE XXXVIII.—*Results of Biological Tests of Bulk samples of Milk taken during the year* 1952.

Source of Sample	No. of milk samples taken	Results of tests Non-tuberculous	 Tuberculous	Percentage tuberculous	No. of cows slaughtered
City of Sheffield	159	147	12	7·55	*11
Yorkshire West Riding ..	113	110	3	2·65	2
Derbyshire	5	5	nil	nil	nil
Totals	277	262	15	5·42	13

* In addition to these 11 cows, which were from Sheffield farms and were subsequently slaughtered as a result of the initial action in taking bulk samples of milk, there were two cows which were from Sheffield farms, and were slaughtered under the provisions of the Tuberculosis Order, 1938, upon being found by an Inspector of the Ministry of Agriculture and Fisheries to be in a tuberculous condition.

The following table gives a very clear indication of the extent of tuberculous infection in raw milk sampled in Sheffield between the years 1931 and 1952.

TABLE XXXIX.—*Tubercle in Raw Milk.—Details of samples of Raw Bulk Milk taken in Sheffield for Biological Examination for the presence of Tubercle Bacilli.*

Year	Total Samples	No. of Tuberculous Samples	Percentage Tuberculous
1931	1,035	79	7·63
1932	821	66	8·04
1933	984	84	8·54
1934	986	86	8·72
1935	903	77	8·53
1936	583	50	8·58
1937	599	55	9·18
1938	994	82	8·25
1939	837	82	9·80
1940	500	50	10·00
1941	785	53	6·75
1942	795	68	8·55
1943	880	83	9·43
1944	837	46	5·50
1945	511	42	8·22
1946	505	33	6·53
1947	402	65	16·17
1948	602	54	8·97
1949	661	55	8·32
1950	403	38	9·43
1951	435	45	10·34
1952	277	15	5·42
TOTALS ..	15,335	1,308	8·53

Pasteurised Milk.—Sixty-three samples of pasteurised milk were subjected to the biological test for the presence of tubercle bacilli. The whole of the samples gave negative results.

The Presence of Brucella Abortus in Raw Milk.—277 samples of raw milk were examined for the presence of brucella abortus and 31 or 11·19 per cent. of the samples were found to be affected.

Milk and Dairies Regulations, 1949.—Regulation 20 of these Regulations (which became operative on October 1st, 1949) empowers the Medical Officer of Health, when he suspects milk to be tuberculous, to prohibit, by notice, the sale of such milk, unless it has been pasteurised or sterilised. A dairy farmer upon whom such a notice is served is entitled to reasonable compensation from the local authority for any financial loss he incurs because of the notice. 75 per cent. of the cost of compensation is recoverable by the Local Authority from the Ministry of Health. During 1952, six notices under Regulation 20 were served, and £24 3s. 0d. was paid in compensation in respect of two claims. The other four farmers have not yet claimed any compensation.

This work entailed 52 visits by the Inspectors and the testing of the infected milk, after pasteurisation, by the phosphatase test, to ensure its safety.

In addition to the above action, the Inspectors made 111 visits to dairy premises to secure compliance with the Milk and Dairies Regulations and the Milk (Special Designation) Regulations.

Milk (Special Designation) Regulations.—The following table indicates the amount of milk of special designation sold daily in the City in 1952. The estimated daily average consumption of milk in the City during the year was 42,006 gallons, and it will be seen from the figures given below, that of this amount 39,504 gallons was designated milk.

TABLE XL.—*Daily Sales of Designated Milk in the City during the year* 1952.

Type of Designated Milk.	Number of gallons sold.	Percentage of City's total milk supply.
HEAT TREATED MILKS.		
Pasteurised..	29,157	69·411
Tuberculin Tested Milk Pasteurised	7,282	17·336
Sterilised Milk	2,275	5·416
TOTAL	38,714	92·163
RAW MILKS.		
Tuberculin Tested	690	1·643
Accredited	100	0·238
TOTAL	790	1·881
TOTAL (all types)	39,504	94·044

The Tuberculin Tested Milk sold in the City was wholly farm bottled and was delivered direct to the consumer from the producers' premises. There are five farms in the City producing this milk and one of them produces Channel Island Attested Milk, which is sold with a guarantee that it has a minimum milk fat content of 4 per cent. Tuberculin Tested Milk produced on eleven farms outside the City area is also sold in Sheffield.

The sales of Pasteurised Milk in the City have shown a steady increase each year, and there are at present in Sheffield three large modern pasteurising plants, all operating new " High Temperature Short Time " pasteurising machines. In addition, there is a small plant of this type at another dairy and two small " Holder " pasteurising plants are operated by two other dairymen. A small quantity of pasteurised milk is brought into the City from outside areas.

There was only one unsatisfactory phosphatase test during the year. This was a sample of Tuberculin Tested Milk Pasteurised produced at a Sheffield dairy. The cause of the failure was insufficient heat treatment of the milk. The plant, of the H.T.S.T. type, was timed to hold the milk for 17 seconds, but due to a speeding up of a milk pump and the failure of the flow control mechanism to regulate the milk flow through the plant, the milk only received 11 seconds heat treatment. The plant was immediately taken out of service and was not used again until the necessary adjustments had been made. This happening emphasises the necessity of frequent tests of the flow rate of the milk through this type of plant because the temperature recording charts showed that the correct heating temperature had been applied to this milk in this case.

Frequent checks are made of the supply of Tuberculin Tested Milk received by pasteurising dairies to ensure that the milk is in fact received from Tuberculin Tested Milk producers and also to see that the quantities of this milk sold do not exceed the quantities received.

The sterilised milk sold in the City is processed at three plants, two of which are in districts outside Sheffield. The bulk of this milk is sold in grocers' shops and it will be seen that the bacteriological tests were all satisfactory.

The sampling figures obtained in Sheffield of tuberculous infection and infection by brucella abortus in raw undesignated milk show these infections to be at a high rate, and make it imperative that the whole of the City's milk supply should be of milk guaranteed free from disease. 38,714 gallons or 92·163 per cent. of the 42,006 gallons of milk consumed in the City daily were either pasteurised milk or sterilised milk, leaving only 2,502 gallons of raw undesignated milk which requires attention. It is of interest to record that Sheffield was made a "specified" area on May 1st, 1953.

It is satisfactory to be able to record that the whole of the milk supplied to school children was pasteurised milk.

Reference must again be made to a trouble apparently inherent in the delivery of milk in glass bottles. Complaints are occasionally received of milk being delivered in dirty bottles, and in nearly every case it is proved that the milk bottle has been previously contaminated by the wilful misuse by a consumer. The automatic bottle washing plants in use in modern dairies will wash any ordinary dirty milk bottle, but residues of cement, oils, disinfectants and atmospheric grime due to exposure for long periods present a much more difficult problem, the only answer to which is the efficient scrutiny of every washed bottle as it emerges from the machine.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated Milks during the year are given in the following statement :—

Description of milk	Nature of test	No. of samples tested	No. of samples which were satisfactory
Pasteurised Milk	Methylene Blue	227	227
,, ,, ...	Phosphatase	231	231
,, ,, ...	Bacterial Count	120	95
,, ,, ...	Bacillus Coli	232	*226
Tuberculin Tested Milk (Pasteurised) ..	Methylene Blue	210	210
,, ,, ,, ..	Phosphatase	209	208
,, ,, ,, ..	Bacterial Count	106	103
,, ,, ,, ..	Bacillus Coli	212	*203
Sterilised Milk	Bacterial Count	19	19
,, ,, ...	Bacillus Coli	20	*20
,, ,, ...	Turbidity	41	41

* No Bacillus Coli in a millilitre of the milk.

ICE CREAM.

Bacteriological Examination.—205 samples of Ice Cream were submitted for bacteriological examination during the year.

The whole of the samples were subjected to the Provisional Methylene Blue Test for Ice Cream and the Bacillus Coli Test. The Plate Count Test was also applied to 52 of the samples.

GENERAL SUMMARY.

Total number of samples taken.	***Methylene Blue Test.** Grade 1.	Grade 2.	Grade 3.	Grade 4.
205	78	70	40	17

**Explanatory Note.*—In the provisional methylene blue test the grade classifications are as follows :—Grades One and Two—satisfactory. Grade Three—fair, capable of improvement. Grade Four—unsatisfactory.

Plate Count Test. Total number of samples.	Satisfactory.	Un-satisfactory.	**Bacillus Coli Test.** Total number of samples.	Satisfactory.	Un-satisfactory.
52	45*	7	205	119*	86

*Not exceeding 100,000 bacteria per millilitre. *No B.Coli in 1/10 and 1/100 millilitre.

CLASSIFIED SUMMARY.

Heat-treated Ice Cream.

Methylene Blue Test. Grade 1.	Grade 2.	Grade 3.	Grade 4.	**Plate Count Test.** Satis-factory	Unsatis-factory.	**Bacillus Coli Test.** Satis-factory	Unsatis-factory
64	66	37	16	36	6	106	77

Cold Mix Ice Cream.

Methylene Blue Test. Grade 1.	Grade 2.	Grade 3.	Grade 4.	**Plate Count Test.** Satis-factory.	Unsatis-factory.	**Bacillus Coli Test.** Satis-factory.	Unsatis-factory.
14	4	3	1	9	1	13	9

Chemical Analysis.—The Food Standards (Ice-Cream) Order, 1951, laid down the following standard for ice-cream. Ice Cream must contain not less than 5 per cent. fat, 10 per cent. sugar and 7½ per cent. milk solids other than fat. This standard was amended on July 7th, 1952, by the Food Standards (Ice Cream) Amendment Order, 1952, which reduced the fat and milk solids other than fat contents to 4 per cent. and 5 per cent. respectively.

During the year, 63 formal samples of ice-cream were taken from vendors and submitted to the Public Analyst for analysis. The average fat content of these 63 samples was 7·53 per cent., and the fat contents of the samples varied from 2·68 per cent. to 13 per cent. 56 samples complied with the Food Standards Order and 7 samples, the analyses of which are detailed below, failed to satisfy the standard.

Details of Analyses.

Fat %	Sugar %	Milk Solids other than Fat %	Remarks.	Action taken
+7·72	above 10	5·50	Deficient 26·6% in Milk Solids ...	Warned.
+6·03	8·50	7·00	Deficient 15% in Sugar. Slightly deficient in Milk Solids... ...	Warned.
+4·90	9·52	6·50	Slightly deficient in all three ingredients	Warned.
+4·70	above 10	above 7½	Deficient in fat 6%	Warned.
+4·39	6·50	7	Deficient in fat 12·2%, sugar 35%, and slightly deficient in milk solids	Fined £8/15/0.
* 2·87	above 10	above 5	Deficient in fat 28·2% ...	Fined £6/15/0.
* 2·68	above 10	above 5	Deficient in fat 33%... ...	Fined £6/15/0.

+1951 standard applies. * 1952 standard applies.

One sample of ice-cream was examined for the presence of ammonia. Due to a refrigeration breakdown in the cold store of an ice-cream factory, ammonia liquor contaminated some of the ice cream and it was necessary to condemn 84 lbs. of wrapped ice-cream because it was unfit for human consumption.

BACTERIOLOGICAL EXAMINATION OF MISCELLANEOUS FOODS.

In addition to the phosphatase tests applied to milk sold as pasteurised, three samples of heat treated milk were subjected to the test and gave satisfactory results. Three raw undesignated milks were examined bacteriologically because of complaints of the milk souring quickly. In two cases where the complaints were justified, the producer was interviewed and advised of the steps necessary to effect an improvement in the keeping quality of the milk he sold. The milk contained in a dirty bottle was examined bacteriologically.

11 samples of miscellaneous foods and food containers were submitted for examination for food poisoning organisms.

Description of Food.	Number of samples submitted.
Blackcurrant Jam	1
Brawn	1
Brine	1
Dried Egg	2
Fish Paste	2
Food Containers	3
Synthetic Cream	1
TOTAL	11

MERCHANDISE MARKS ACT, 1926.

The various orders made under the above Act requiring the marking on exposure for sale of certain imported foodstuffs, including apples, tomatoes, meat, bacon and ham, dried fruit, eggs and oat products have been suspended since 1940.

These orders came into force again on May 24th, 1951, and Local Authorities have been asked to enforce the provisions of the Act and its orders. In connection with this work the Food Inspectors made 243 visits.

PHARMACY AND POISONS ACT, 1933.

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at 31st December, 1952)	696
Premises added to the list of persons during the year	106
Number of routine visits and inspections in the year 1952	159

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Eight samples were taken under the above Act during the year, six of which were satisfactory. The two unsatisfactory samples were informal and the vendors were warned.

THE HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1951.

Fumigation of Food Premises with Hydrogen Cyanide.—Two flour mills were fumigated by Hydrogen Cyanide during the year. The fumigation was carried out to keep in check the infestation by grain pests which is endemic in all flour mills and associated warehouses.

Before the foodstuffs, which were in the premises during fumigation, were released for use, ten samples were taken of these foodstuffs and they were analysed to ensure their freedom from Hydrogen Cyanide. All the samples were satisfactory.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1952.

Visits.

Number of visits made by the Food Inspectors :—

To Markets and Food Premises	10,051	
To Horseflesh Shops	658	
Re Milk and Dairies Regulations	163	
Re Merchandise Marks Act	243	
Re Pharmacy and Poisons Act	159	
		11,274

Sampling.

Number of samples taken :—

Food and Drugs Act, 1938—for analysis by Public Analyst		1,516	
Milk for examination for tuberculosis		277	
Milk for examination for brucellosis		277	
Food and food containers for bacteriological examination		18	
Fertilisers and Feeding Stuffs Act—for analysis by Analyst		8	
Designated Milk samples—for bacteriological examination :—			
Pasteurised	232		
Tuberculin Tested Milk (Pasteurised)	212		
Sterilised	41		
Ice Cream	205		
		690	
Hydrogen Cyanide Regulations—foodstuffs after fumigation		10	
			2,796

Meat Inspection.

Number of pigs inspected				3,685
	Tons.	cwts.	qrs.	lbs.
Weight of unfit meat condemned	5	16	—	20½

Other Foods Inspection.

	Tons.	cwts.	qrs.	lbs.
Weight of unfit food condemned	97	16	2	24¾
Total weight of all unfit food condemned	103	12	3	17¼

FOOD HANDLING

By G. A. Knowles, M.S.I.A., M.R.San.I.,
(Superintendent Food and Drugs Inspector).

During the year steady progress has been made in the general improvement of food premises, much of the work being carried out as a direct result of the efforts of the Sanitary Inspectors, but there has been a genuine desire on the part of some food traders to seek the assistance of the Health Department as to the best method of effecting improvements in their premises.

Inspections of all types of premises concerned in food handling, including canteens, restaurants, hotel kitchens and bakehouses, were carried out as a routine measure by the Sanitary Inspectors, and every opportunity was taken to talk both to managements and staffs with a view to furthering the objects of food hygiene and also to educate the staffs in the basic essentials of Clean Food Handling. A stock of labels and posters is kept by the Department advocating the necessity of personal hygiene by food staffs, and these are distributed by the Sanitary Inspectors.

The Superintendent Food and Drugs Inspector gave talks on food hygiene to the food trades and allied organisations and to community associations.

It has been possible to secure improvements in the layout and equipment of new food premises by the examination of the building proposals when they were in the plan stage. The Sanitary Inspectors examine all building plans deposited with the City Engineer, and where food premises are concerned or where the provision of washing facilities are indicated, defects in the plans are noted and suggestions for their improvements are made to the owners and their architects, and in this way it has been possible to achieve a high standard of work.

Two large factory bakehouses were in process of erection in the City during the year, one being partially completed to permit of the start on bread production. Model facilities for staff welfare exist in these premises and the handling of the food ingredients is reduced to a minimum.

A number of food premises, including canteen kitchens, hotel and restaurant kitchens, preserved food factories and bakehouses, were brought up to modern standards, the work ranging from matters of ordinary maintenance to almost entire refitting and reorganisation of premises and equipment. A pleasing feature of this phase of the work has been the subsequent appreciation by the owners of these premises of the new facilities provided at the suggestion of the Health Department, which they agree have materially improved their methods of working.

The resources of the Disinfestation and Rodent Services of the Department are placed at the disposal of all food traders and it has been possible to effect substantial improvements in the conditions of premises previously infested with cockroaches and rodents.

It is perhaps inevitable in a large City that there should have been, in 1952, several complaints from the consuming public of food containing extraneous ingredients, such as dirt, metal objects and insects. Every case was considered on its merits and warnings were given where it was felt that the complaint was due to circumstances outside the vendor's control and was not due to his infraction of the rules of hygiene. Prosecutions were taken in two cases, one of a cream sandwich cake containing a cockroach and one of a loaf of bread in which a rusty hairpin was found. The dried fruit supplied by the Ministry of Food was shown to be responsible, in a number of cases, for the presence in some articles of confectionery of metal objects and other foreign bodies. The experience in this matter of other large local authorities in this country was sought, and it was found that there was evidence on a national scale of the unsatisfactory nature of Ministry of Food dried fruit. The Health Committee asked the Association of Municipal Corporations to approach the Ministry of Food on the problem. The Association's delegation to this Ministry included two Sheffield representatives, the Chairman of the Health Committee and the Superintendent Food and Drugs Inspector. The Ministry of Food frankly acknowledged that the complaints were justified and indicated that they were taking energetic steps to improve the quality and cleanliness of the dried fruit they were distributing.

The problems confronting local authorities, food traders and the consuming public in food hygiene demand that there shall be a constant vigilance maintained by all three parties. Education of food trade staffs and of the public is the only policy which will produce lasting results, and every effort is being made by the whole Department in this direction.

MEAT INSPECTION

Private Slaughterhouses.—There are two private slaughterhouses in the City. One of these is used exclusively for the slaughter of pigs, and 3,324 pigs were slaughtered there in the year 1952. 21 carcases, 158 part carcases, and offal, representing a weight of 12,158½ lbs. from these pigs, were found to be unfit for human consumption and were condemned. At the other private slaughterhouse, which is the special Horse Slaughterhouse at the Corporation Abattoir, there were 1,373 horses slaughtered during the year. All were examined by the Meat Inspectors.

Corporation Abattoir.—The carcase of every animal which is slaughtered for food at the Corporation Abattoir is examined by a qualified meat inspector, and any carcase suspected of being diseased is taken to the Detention Room for a final inspection. Inspections are also made of the animals whilst they are in the lairages awaiting slaughter. Any which are suspected of being diseased are taken to an Isolation Slaughterhouse, where they are slaughtered and dressed in order that they may have no contact with the healthy animals. Animals slaughtered under the Tuberculosis Order, 1938, are kept under careful observation, and are also subject to careful examination. The Ministry of Agriculture and Fisheries are at once informed of any instance where an animal is suspected as suffering from a notifiable disease.

179,977 animals of all kinds were slaughtered and inspected at the Abattoir during the year, as against 146,979 in 1951, and 178,427 of them, as against 145,539 in 1951, were slaughtered by electrical or mechanical stunning. Oxen are stunned by captive bolt pistol, and calves, sheep and pigs by the use of electrically-charged stunning tongs. The table which follows gives details regarding all animals which were slaughtered and inspected in the City in the year 1952.

TABLE XLI.—*Animals slaughtered and inspected in the City in the year* 1952.

Where Slaughtered	Oxen	Calves	Sheep and Lambs	Pigs	Horses	Total
Abattoir Main Slaughterhalls	31,635	5,309	112,882	28,225	—	178,051
Do. (Jewish Method)	442	7	1,101	—	—	1,550
Isolation Slaughterhall . .	197	17	80	82	—	376
Totals (Abattoir)	32,274	5,333	114,063	28,307	—	179,977
Totals (Private Slaughterhouses) . .	—	—	—	3,324	1,373	4,697
Grand Totals . .	32,274	5,333	114,063	31,631	1,373	184,674

Of the 184,674 animals slaughtered and inspected in the City in the year 1952, there were 1,286 whole carcases found to be in a diseased condition and condemned, and a further 18,626 carcases, some part or organ of which was condemned. In the following table are given further particulars relating to carcases which were condemned, and separate information is shown in regard to carcases which were affected with Tuberculosis.

TABLE XLII.—*Carcases Inspected and Carcases Condemned in the City in the year* 1952.

Class of Animal	Oxen	Calves	Sheep and Lambs	Pigs	Horses	Total
Number killed and inspected	32,274	5,333	114,063	31,631	1,373	184,674
Affected with Tuberculosis—						
Whole carcases condemned . .	324	26	—	60	—	410
Carcases of which some part or organ was condemned . .	4,702	4	4	1,102	—	5,832
Total affected with Tuberculosis . .	5,026	30	4	1,162	—	6,222
Percentage of number killed affected with Tuberculosis	15·57%	0·56%	0·00%	3·67%	—	3·36%
Affected with other diseases—						
Whole carcases condemned . .	62	507	208	96	3	876
Carcases of which some part or organ was condemned . .	6,890	64	4,038	1,546	256	12,794
Total affected with diseases other than Tuberculosis	6,952	571	4,246	1,642	259	13,670

Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1952.

	MEAT								OFFALS								TOTALS			
	Affected with Tuberculosis				Affected with other diseases				Affected with Tuberculosis				Affected with other diseases							
	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.
Cattle ...	77	6	2	2	15	6	—	26	80	7	1	5	64	4	—	5	237	4	—	10
Calves ...	—	9	3	27	8	9	1	26	—	5	1	1	5	4	2	17	14	9	1	15
Sheep ...	—	—	—	—	5	—	2	27	—	—	1	14	6	9	—	16	11	10	1	1
Pigs	11	10	1	24	9	13	3	11	3	10	—	5	7	14	3	7	32	9	—	19
Horses ...	—	—	—	—	1	5	2	19	—	—	—	—	2	4	2	23	3	10	1	14
	89	6	3	25	39	15	3	25	84	2	3	25	85	17	1	12	299	3	1	3

T—Tons. C—Cwts. Q—Qrs. L—Lbs.

Cysticercus Bovis.—A routine examination of all beasts slaughtered is made by incisions into the internal and external masseter muscles and into the pillars of the diaphragm. The surface of the heart and all exposed muscle surfaces are examined.

Any evidence of cysticercus bovis seen during this routine inspection results in a further examination of the carcase by incisions into the thick muscles, and, if necessary, cutting the carcase into smaller joints.

If no cysts are found in the carcase, it is put into cold storage for three weeks and then checked out for manufacturing purposes. If, however, the condition is found to be generalised, the whole carcase and all the offal are rejected and destroyed.

185 carcases were found to be affected with cysticercus bovis and, of these, one was condemned, 51 cysts being exposed in the forequarters.

By a local bye-law, introduced on 1st October, 1938, it is a requirement that all meat from animals killed outside the City and which is for sale for human consumption in Sheffield, excepting salted or frozen meat or meat bearing the official stamp of the Minister of Health, must be brought to the Sheffield Corporation Abattoir for inspection. Particulars of the meat which was so brought to the Abattoir in 1952 are as follows :—

	Number	Weight			
PIGS—		Tons.	Cwts.	Qtrs.	Lbs.
Carcases	5593½				
Heads	35517	189	1	2	2
Plucks	2744	9	3	3	8
Meat and Offals	—	39	1	3	19
CATTLE—					
Carcases	158½				
Meat	—		6	2	27
CALVES—					
Carcases	1				
Meat	—			3	—
SHEEP—					
Carcases	198				

Of the above meat, inspected as required by the bye-laws, a total of 1 ton, 1 cwt. and 11 lb. was found to be unfit for human consumption.

In addition, the total weight of meat imported from outside the country found unfit for human consumption was 4 tons, 11 cwt., 3 qtrs. and 20 lbs.

Diseases of Animals Acts (Non-Veterinary Functions).—The non-veterinary functions under the Diseases of Animals Acts are administered by the Local Authority, and the inspectors appointed for this purpose made 655 visits during the year 1952. Information is given below under the main headings of this work :—

Regulation of Movement of Swine Orders.—The major provisions of these Orders are that all swine which are exposed for sale at markets are to be subject to detention and isolation for a period of twenty-eight days after leaving the market. Licences to move the swine are issued at the Sheffield Corporation Abattoir and at Wadsley Bridge Live Stock Market, and there was systematic visiting to ensure that the provisions of the Orders were observed.

Transit of Animals Orders.—Cleansing and disinfecting of road vehicles used for the transporting of animals to the Corporation Abattoir and to and from Wadsley Bridge Live Stock Market is undertaken by the Corporation, at a small charge to cover expenses. 912 vehicles were cleansed and disinfected at the Abattoir during 1952.

Swine Fever.—In cases of Swine Fever, it is the duty of the Local Authority to arrange for the disposal of the carcases of infected pigs, to notify the Ministry of Agriculture and Fisheries and also to carry out the necessary disinfection of all sties or premises which have housed the diseased animals. There were 21 suspected cases in 1952, and, on further investigation, four cases were confirmed.

Tuberculosis Order, 1938.—The Local Authority is required to supervise the disinfection of the stalls or standings in which there have been cattle affected with Tuberculosis. Disinfection was in all cases carried out satisfactorily during the year.

Foot and Mouth Disease.—The City came within the (Infected Areas) Special Order No. 101 of 1952, and the (Controlled Areas) Special Order No. 7 and No. 8 of 1952. The necessary Infected Areas and Controlled Areas licences were issued for the movement of animals.

There were no outbreaks of Foot and Mouth Disease in the City during the year.

HEALTH EDUCATION DURING 1952

Health Education in general was carried out throughout the year by all the members of the staff who are in contact with the general public. To the health visitor, education in the care of health is a routine duty, both in the clinic and when visiting the home regarding the care of the child. The sanitary inspector is continually in touch with the homes of the people, and health education is also carried out during the course of their work by home nurses, midwives, etc.

Members of the staff gave a considerable amount of instruction in connection with courses in Building Construction, Sanitary Engineering, Plumbing Science, Sanitary Inspection and Food and Drugs Inspection. Lectures were also given by officers from most sections of the Department to members of various welfare and other organisations in the city, and informal talks on the work of the Public Health Department have been given to community associations. Talks in connection with food hygiene have been given to various trade organisations by the staff of the Food and Drugs section.

Much of this work is in connection with courses of training, but it is felt that the lectures and demonstrations of a more popular nature are worth while in educating members of the public in improved methods of hygiene and child care, etc., and in disseminating information concerning the Public Health services.

Accidents in the Home.—By an arrangement between the Medical Officer of Health and various hospitals in the city, information is received with regard to children under five years of age who have received treatment on account of accidents, burns and scalds in the home, and visits were paid to these homes by the health visitors in the hope that suitable preventive measures could be arranged in order to avoid further accidents.

METEOROLOGY

TABLE XLIII.—*Meteorology during* 1952. *Records taken at Weston Park* (430 *feet above sea level*).

Week ended	Mean Barometer Corrected.	Air Maximum. Mean Daily Temperature	Air Minimum. Mean Daily Temperature	Grass. Mean Daily Temperature	Soil 1 foot. Mean Daily Temperature	Soil 4 feet. Mean Daily Temperature	Total Rainfall for the week. (inches)	Mean Daily Sunshine. (hours)
Jan. 5th	29·81	44	33	30	37·2	44·5	0·66	2·3
12th	29·85	45	39	36	39·1	43·3	1·01	1·4
19th	29·89	43	34	31	37·3	42·9	0·87	2·0
26th	30·03	36	32	29	35·9	42·1	0·12	0·9
Feb. 2nd	29·50	39	29	25	34·4	41·2	1·05	2·6
9th	30·16	41	34	30	34·5	40·3	0·05	3·5
16th	29·92	40	30	26	34·1	39·8	0·60	2·1
23rd	30·31	47	39	36	37·1	39·3	0·05	2·0
Mar. 1st	30·40	48	34	31	37·4	39·9	—	0·3
8th	29·69	52	43	41	42·0	40·5	1·09	1·0
15th	30·14	48	37	33	41·9	41·6	0·15	3·6
22nd	29·92	52	40	37	42·5	42·0	0·54	2·0
29th	29·92	43	34	32	41·2	42·8	0·44	1·9
April 5th	29·98	45	35	32	38·6	42·2	0·38	3·1
12th	29·84	56	41	39	43·9	42·0	0·29	3·7
19th	30·24	65	45	41	48·6	43·6	0·56	6·2
26th	29·91	56	44	40	49·8	45·5	0·31	4·6
May 3rd	29·99	57	43	38	49·5	46·5	0·37	2·9
10th	29·75	59	45	41	50·2	47·1	2·26	3·0
17th	30·09	68	51	46	54·4	48·2	0·04	8·0
24th	30·35	69	51	46	58·4	50·2	0·11	6·9
31st	30·08	62	48	42	57·8	51·9	0·23	6·9
June 7th	29·97	62	48	44	56·5	52·6	0·96	8·4
14th	30·03	66	50	45	58·4	53·1	0·20	6·0
21st	29·90	60	48	45	57·3	53·9	0·30	4·8
28th	30·06	69	53	49	59·0	54·4	0·01	6·0
July 5th	30·26	71	57	54	62·5	55·4	1·05	4·9
12th	30·09	70	56	52	63·0	56·5	0·14	6·7
19th	29·96	63	52	49	59·0	57·0	—	2·9
26th	30·22	72	59	54	61·8	56·9	—	4·8
Aug. 2nd	29·86	65	53	49	60·8	57·5	0·29	4·1
9th	29·72	67	55	52	60·9	57·7	1·02	4·4
16th	29·79	69	55	51	61·2	57·9	0·20	5·5
23rd	30·02	66	51	46	59·3	58·0	—	6·5
30th	29·99	69	54	48	60·4	57·9	0·02	4·2
Sept. 6th	29·91	61	50	44	58·1	57·9	0·26	3·5
13th	30·12	56	46	43	54·6	57·1	0·53	1·9
20th	30·20	55	44	39	53·1	56·0	0·12	3·1
27th	29·68	58	49	46	54·5	55·1	1·26	3·5
Oct. 4th	29·70	53	46	43	51·8	54·6	1·31	0·9
11th	30·04	53	42	36	49·4	53·8	0·10	4·2
18th	29·97	52	38	32	46·1	52·5	1·35	2·7
25th	29·67	52	44	41	47·1	51·0	1·18	2·1
Nov. 1st	29·66	55	46	41	47·9	50·4	1·58	3·7
8th	30·03	50	42	38	46·5	50·0	1·22	3·4
15th	30·14	46	37	33	43·4	49·3	0·09	1·4
22nd	29·93	41	35	31	41·0	47·9	0·62	0·7
29th	29·74	37	30	22	37·1	46·4	0·03	2·1
Dec. 6th	30·40	41	32	24	35·6	44·5	—	2·1
13th	29·92	44	38	32	37·4	43·2	0·29	1·0
20th	29·41	41	32	26	36·3	42·7	1·39	0·6
27th	29·77	45	37	32	37·6	42·2	0·48	2·0